

# Wireless E-911 PSAP Request/Report Worksheet

Danville Emergency Services

Period

Virginia Information  
Technologies Agency

AUG 29 2003

Total Approved: \$72,684.93

Total Actual: \$ 111,155.92 *81,391.72*

Difference: ~~-\$38,471.02~~ + *8,706.79*

*Payment to County*

## Call Load Data\*

Description	Estimated	Actual
Total telephone calls handled by the PSAP	306,657	301,903
Total 91 1 calls handled by the PSAP	67,767	84,850
Total wireless 91 1 calls handled by the PSAP	38212	22,121

Percentage of wireless to total calls : 12.46 %

Percentage of wireless to 9-1-1 calls : 56.39%

## Equipment used only for Wireless E-91 1

*7.33%*

Description	Estimated	Actual
Trunk Maintenance	\$ 4,063.00	\$ 4,304.09
<i>N/A</i> Dictaphone Maintenance (wireless)	0	<del>\$7,761.38</del> <i>0</i>
Phase 0 additional phone lines	0	\$1,034.00
<del>Mapping Maintenance</del>	0	<del>\$9,494.00</del>
Total dedicated wireless Equipment	\$ 4,6063.00	<del>\$22,593.47</del> <i>5,338.09</i>

## Shared Equipment:

Description	Estimated	Actual
Positron Maintenance	<del>8,882.00</del>	<del>8,882.00</del>
<i>N/A</i> Pro OA Maintenance ( <i>673.50 · 12</i> )	0	<del>\$2,775.00</del> <i>N/A</i>
Mapping MAINT ( <i>CPE based</i> )		<del>9,794.00</del> <i>6,720.00</i>
Total Shared Equipment for Formula:	\$ 6,858.00	<del>\$11,657.00</del>

*15,602 -*

Estimated:  $\frac{38,121}{306,657}$  or  $\frac{12.46\%}{10.42\%}$  X \$6,858.00 = \$ 854.51

Actual:  $\frac{22,121}{301,903}$  X  $\frac{15,602 -}{\$11,657.00}$  = ~~\$1,452.50~~

*1,625.73*

## Local Exchange Costs (LEC):

Description	Estimated	Actual
SAS upgrade	\$	
Total LEC Costs		

# Wireless s E-911 PSAP Fur- Request/Report Worksheet

PSAP: Danville Emergency Services

Period: 2003

## Personnel Costs:

Description	Estimated	Actual
Salary and benefits	\$ 543,879.78	\$699,116.80
Training	0	\$15,162.43
Total Shared Equipment for Formula:	\$ 548,879.78	<del>\$568,731.99</del> 714,279.23

Estimated:	38,212	or 12.46%	X	= \$543,879.78
	306,656	10.42%		
Actual:	22,121		X	714,279.23
	301,903			74,427.90
				<del>\$87,109.95</del>

## Mid-Year Adjustment:

Description	Estimated	Actual
	\$0.00	
Total of mid-year adjustment:	\$0.00	



Make progress every day

Billing Date: 07/13/03 Page 7 of 9  
 Telephone Number: 023 792-4284  
 Account Number: 000123586301 48Y  
 How to Reach Us: See page 2

## Verizon Services and Equipment Information

### •Verizon Products and Services

Following is the Detail of Recurring Monthly Charges for Informational Purposes.  
 Total Charges Due appear on Page 1 of your bill.

#### •Products and Services - Account Level

Description	Qty	SRC	Initiation Date	Tax LSFR	Amount
1. Series Hunting	2		11/9/00	EEEE	.00

#### •Products and Services - Individual Line(s)

•Location Group: 00000 418 PATTON ST  
 DANVILLE VA

#### •BAC 00000

023 792-4284

Description	Qty	SRC	Initiation Date	Tax LSFR	Amount
2. Non-Published Service	1		11/9/00	EEEE	.00

Total Location Group 00000

.00

•Location Group: 00001 418 PATTON ST  
 DANVILLE VA

#### •BAC 00000

434 911-7923

Description	Qty	SRC	Initiation Date	Tax LSFR	Amount
3. Additional E911 Line To PSAP	1		1/27/03	EEEE	84.00
4. Touch Tone	1	O	12/9/02	EEEE	.00
5. Hunting	1	O	12/9/02	EEEE	.00
					84.00

434 911-7924

Description	Qty	SRC	Initiation Date	Tax LSFR	Amount
6. Additional E911 Line To PSAP	1		1/27/03	EEEE	84.00
7. Touch Tone	1	O	12/9/02	EEEE	.00
					84.00

Tax Codes:

L  
S

Local  
State

F  
R

Federal  
Local Surcharge

E

Exempt

continues









Acct 023 792 4284 911 17 Oct 13 2002

Payment Page

Send with your payment

Amount Due

Notice: Late charge details on Summary page

\$338.64

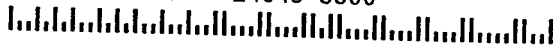
00000672 1 MB 0.309 01

Please Pay:  
Verizon  
By Nov 12

CITY OF DANVILLE  
DEPT PUBLIC WORKS  
PO BOX 3300  
DANVILLE VA 24543-3300

AMOUNT PAID

\$    .



PO Box 17398  
Baltimore MD 21207-0428

Payment questions  
1 800 607-6575



Acct 023 792 4284 911 17 Oct 13 2002

Summary

From Last Bill  
\$338.64 Last bill  
-338.64 Payments  
.00 Thank you for your payment

Current charges  
338.64 Verizon  
\$338.64 Subtotal Pay Verizon by Nov 12

Page  
2

\$338.64 Pay Verizon

This bill was mailed on Oct 18, 2002.  
A late payment charge of 1.5% will apply  
to any amounts not received by Nov 12.

109023079242849112033292002111340000000000000000033864000000  
Page 1

DEPARTMENT	
DATE EXTENDED	DATE REC
APPROVED BY	
POWER APPROVED	
POWER APPROVED	
DATE APPROVAL	DATE APPROVED
ADDITIONAL CODE	
FILE NO	CUST CODE
WORK ORD	VOUCHER NO
DUE DATE	DISCOUNT



Acct 023 792 4284 911 17 Nov 13 2002

Payment Page

Send with your payment

Amount Due

Notice: Late charge details on Summary page

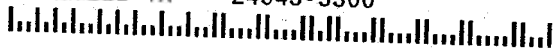
\$337.23

00000324 1 FP 0.352 01

Please Pay:  
Verizon  
By Dec 12

CITY OF DANVILLE  
DEPT PUBLIC WORKS

PO BOX 3300  
DANVILLE VA 24543-3300



AMOUNT PAID

\$

PO Box 17398  
Baltimore MD 21297-0429

Payment questions  
1 800 607-6575



Acct 023 792 4284 911 17 Nov 13 2002

Summary

From Last Bill  
\$338.64 Last bill  
-338.64 Payments  
.00 Thank you for your payment

Current charges  
337.23 Verizon  
\$337.23 Subtotal Pay Verizon by Dec 12

Page  
3

\$337.23 Pay Verizon

This bill was mailed on Nov 19, 2002.  
A late payment charge of 1.5% will apply  
to any amounts not received by Dec 12.

10902307924284911203329200212132000000000000000033723800000  
Page 1

DEPARTMENT:			
ADD & EXTENSIONS VERIFIED BY:		DATE REC.	
PRICES VERIFIED BY:			
PURCHASE ORDER			
DEPT. APPROVAL BY:		DATE APPROVED	
ACCOUNT CODE			
FUNC 01	DEPT 3545	ACCT. NO. 5203	COST CODE
WORK ORD.		RECEIVER	VOUCHER NO.
DUE DATE		DISCOUNT	

E911

Dec 13 2002

Payment Page

Send with your payment

Amount Due

Notice: Late charge details on Summary page

~~\$680.05~~

00000123 1 SP 0.370 01

Please Pay:  
Verizon  
By Jan 12

CITY OF DANVILLE  
DEPT PUBLIC WORKS

PO BOX 3300

DANVILLE VA 24543-3300

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

AMOUNT PAID

\$ 3 4 2 . 8 2

Payment questions  
1 800 607-6575

P0 Box 17398



Acct 023 792 4284 911 17

Dec 13 2002

## Summary

Amount Past Due

**\$337.23** Last bill

.00 Payments

337.23 Balance overdue from last bill-please pay promptly

### Current charges

342.82 Verizon

**\$342.82** Subtotal Pay Verizon by Jan 12

Page  
3

\$680.05 Pay Verizon

This bill was mailed on Dec 18, 2002.  
A late payment charge of 1.5% will apply  
to any amounts not received by Jan 12

10902307924284911203329200301133000003372380000068005800000

Page 1

DEPARTMENT:			
ADD & EXTENSIONS VERIFIED BY:		DATE REC.	
PRICES VERIFIED BY:			
PURCHASE ORDER			
DEPT. APPROVAL BY:		DATE APPROVED	
ACCOUNT CODE			
FUND 01	DEPT 3545	ACCT. NO. 5202	COST CODE
WORK ORD.	RECEIPT	VOUCHER NO.	
DUE DATE		DISCOUNT	



Acct 023 792 4284 911 17 Jan 13 2003

Payment Page

Send with your payment

Amount Due

Notice: Late charge details on Summary page

\$334.12

00000174 1 SP 0.370 01

Please Pay:  
Verizon  
By Feb 12

CITY OF DANVILLE  
DEPT PUBLIC WORKS

PO BOX 3300

DANVILLE VA 24543-3300

|||||

AMOUNT PAID

\$    .

Payment questions  
1 800 607-6575

PO Box 17398



Acct 023 792 4284 911 17 Jan 13 2003

Summary

From Last Bill  
\$680.05 Last bill  
-680.05 Payments  
.00 Thank you for your payment

Page  
3

Current charges  
334.12 Verizon  
\$334.12 Subtotal Pay Verizon by Feb 12

This bill was mailed on Jan 16, 2003.  
A late payment charge of 1.5% will apply  
to any amounts not received by Feb 12.

\$334.12 Pay Verizon

10902307924284911203329200302131000000000000000000033412800000  
Page 1

DEPARTMENT:			
ADD & EXTENSIONS VERIFIED BY:		DATE REC.	
PRICES VERIFIED BY:			
PURCHASE ORDER:			
DEPT. APPROVAL BY:		DATE APPROVED	
ACCOUNT CODE			
FUND 01	DEPT. 3545	ACCT. NO. 5203	COST CODE
WORK ORD.		RECEIVER	VOUCHER NO.
DUE DATE		DISCOUNT	

E911



Acct 023 792 4284 911 17

Feb 13 2003

Payment Page

Send with your payment

Amount Due

Notice: Late charge details on Summary page

**\$1266.00**

Please Pay:



Acct 023 792 4284 911 17

Feb 13 2003

## Summary

From Last Bill  
\$ 334.12 Last bill  
-334.12 Payments  
.00 Thank you for your payment

Current charges  
1266.00 Verizon  
\$1266.00 Subtotal Pay Verizon by Mar 12

Page  
2**\$1266.00 Pay Verizon**

This bill was mailed on Feb 19, 2003.  
A late payment charge of 1.5% will apply  
to any amounts not received by Mar 12.



Acct 023 792 4284 911 17

Feb 13 2003

## Verizon Charges

\$ 336.00 Monthly Service Feb 13-Mar 12  
Jan 27-Removals decreasing monthly rate - Order # R 1086708  
2 Emergency reporting systems -168.00  
-84.00 Credit from Jan 27 thru Feb 12 @ -168.00 monthly  
Jan 27-Additions increasing monthly rate - Order # R 1086708  
2 Emergency reporting systems 168.00  
84.00 Charge from Jan 27 thru Feb 12 @ 168.00 monthly  
930.00 Jan 27-Charge for installation of equipment  
Order # R 1086708

\$ 930.00 Subtotal Verizon Charges

**\$1266.00 Total Verizon**

Billing Questions 1 800 607-6575

Page 2

ADD & EXTENSIONS		DATE REC.	
VERIFIED BY:			
PRICES VERIFIED BY:			
PURCHASE ORDER			
DEPT. APPROVAL BY:		DATE APPROVED	
ACCOUNT CODE			
FUND	DEPT	ACCT. NO.	COST CODE
01	3575	5205	
WORK ORD.		RECEIVER	VOUCHER NO.
DUE DATE		DISCOUNT	





Acct 023 792 4284 911 17 Mar 13 2003

Payment Page

Send with your payment

Amount Due

Notice: Late charge details on Summary page

**\$ 336.00**

00000124 1 SP 0.370 01

CITY OF DANVILLE

Please Pay:  
Verizon  
By Apr 12

Acct 023 792 4284 911 17 Mar 13 2003

## Summary

From Last Bill  
\$1266.00 Last bill  
-1266.00 Payments  
.00 Thank you for your payment

Current charges  
336.00 Verizon  
\$ 336.00 Subtotal Pay Verizon by Apr 12

Page  
2**\$ 336.00 Pay Verizon**

This bill was mailed on Mar 20, 2003.  
A late payment charge of 1.5% will apply  
to any amounts not received by Apr 12.



Acct 023 792 4284 911 17 Mar 13 2003

## Verizon Charges

\$ 336.00 Monthly Service Mar 13-Apr 12

**\$ 336.00 Total Verizon**

Billing Questions 1 800 607-6575

Page 2

ADD & EXTENSIONS		DATE REC.	
VERIFIED BY:			
CHIEF VERIFIED BY:			
PURCHASE ORDER			
DEPT. APPROVAL		DATE APPROVED	
APPROVAL			
ACCOUNT CODE			
FUND	DEPT.	COST CODE	
01	3545	5203	
WORK ORD.	RECEIVER	VOUCHER NO.	
DUE DATE		DISCOUNT	

E911

**Apr 13 2003**

Payment Page

Send with your payment

Amount Due

**\$336.00**

Payment Page  
Notice: Late charge details on Summary page

Please Pay:  
Verizon  
By May 12

00000106 1 SP 0.370 01

CITY OF DANVILLE  
DEPT PUBLIC WORKS  
PO BOX 3300  
DANVILLE VA 24

24543-3300

PO BOX 3300  
DANVILLE VA 24543-3300

AMOUNT PAID

\$    .  

Payment questions  
1 800 607-6575

PO Box 17398  
Baltimore MD 21297-0429

**Apr 13 2003**

## Summary

\$336.00 From Last Bill  
Last bill

\$336.00 Last bill  
-336.00 Payments

00 Payments  
00 Thank you for your payment

Page  
3

### Current charges

336.00	Verizon
<u>336.00</u>	Subtotal

336.00	Verizon	Pay Verizon by May 12
\$336.00	Subtotal	This b

\$336.00 Subtotal Pay Verizon

\$336.00 Pay Verizon

[illegible]

DEPARTMENT:			
ADD & EXTENSIONS VERIFIED BY:		DATE REC.	
PRICES VERIFIED BY:			
PURCHASE ORDER			
DEPT. APPROVAL BY:		DATE APPROVED	
ACCOUNT CODE			
FUND 01	DEPT. 3545	ACCT. NO. 5903	COST CODE
WORK ORD.		RECEIVER	VOUCHER NO.
DUE DATE			DISCOUNT





Headquarters:  
1000 Business Center Drive  
Lake Mary, FL 32746  
(407) 304-3235

# INVOICE

Company	Invoice No	Date	Page
100		07/Jun/2002	1 of 4

Application Solutions for Government

Bill To: City of Danville  
427 Patton Street  
Room 303  
Danville VA 24541  
United States  
Attn: Mr Kerry Goode (MIS Dept.) 434-799-5205

Ship To: City of Danville  
427 Patton Street  
Room 303  
Danville VA 24541  
United States  
Attn: Mr Kerry Goode (MIS Dept.) 434-799-5205

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
	City of Danville		USD	NET30	07/Jul/2002

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
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Contract No 20011330

22	01-3RDP-MAPPING-LF	Yes	1	7.00	960.00	0	6,720.00
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Party Mapping - Dispatch Base

Maintenance Start: 01/Jul/2002, End: 30/Jun/2003

2	1-3RDMAPCRIMS-LF	Yes	1	5.00	900.00	0	
---	------------------	-----	---	------	--------	---	--

3RD Party Mapping - Crimes

Maintenance Start: 01/Jul/2002, End: 30/Jun/2003

Contract No 9809021

1	01-ATOMCLKCADIV-LF	Yes	0	1.00	650.00	0	650.00
---	--------------------	-----	---	------	--------	---	--------

Atomic Clock Connect CAD IV

Maintenance Start: 01/Jul/2002, End: 30/Jun/2003

2	01-CAD400-LF	Yes	0	1.00	13,000.00	0	13,000.00
---	--------------	-----	---	------	-----------	---	-----------

CAD 400 License Fees

Maintenance Start: 01/Jul/2002, End: 30/Jun/2003

3	01-CADIVREDUN-LF	Yes	0	1.00	3,900.00	0	3,900.00
---	------------------	-----	---	------	----------	---	----------

CAD IV Redundancy

Maintenance Start: 01/Jul/2002, End: 30/Jun/2003

1	01-CRIMES-LF	Yes	0	1.00	8,200.00	0	8,200.00
---	--------------	-----	---	------	----------	---	----------

CRIMES Management System

Maintenance Start: 01/Jul/2002, End: 30/Jun/2003

5	01-E911CADIV-LF	Yes	0	1.00	1,450.00	0	1,450.00
---	-----------------	-----	---	------	----------	---	----------

Enhanced 911 CAD IV

Maintenance Start: 01/Jul/2002, End: 30/Jun/2003

Page Total 38,420.00

Balance Due

NOTE: TO INSURE PROPER PROCESSING OF YOUR PAYMENT  
PLEASE RETURN REMITTANCE STUB TO:

# Dictaphone

P.O. Box 856120  
Louisville, KY 40285-6120

PURCHASING DEPT  
CITY OF DANVILLE  
PO BOX 3300  
DANVILLE VA 24543-3300  
UNITED STATES

Machines  
Located At

MUNICIPAL BUILDING  
CITY OF DANVILLE-EMGE SVC  
418 PATTON STREET  
DANVILLE VA 24541-1226  
UNITED STATES



Invoice Date 05/13/2003	Term Payment In Full Upon Receipt	Invoice Number MANC...
----------------------------	--------------------------------------	---------------------------

Our Order Number and Date      Address Code  
USA000      06/01/2003

Qty	Model/Part No.	Description	Serial Number	Coverage/Term	Date Eff.	Total
	SV6150					
1	0009916	PROLOG		8x5 3 MO	06/01/2003	\$256.25
1	0031101-0R0	THINNET		8x5 3 MO	06/01/2003	\$490.00
1	0031101-0R0	THINNET		24x7 3 MO	06/01/2003	\$122.50
				Sub Total		\$612.50
1	0031211-024	GUARDIAN		8x5 3 MO	06/01/2003	\$1,473.75
1	0031211-024	GUARDIAN		24x7 3 MO	06/01/2003	\$368.44
				Sub Total		\$1,842.19
1	0158900	EXTERNAL TIME SYNCH		8x5 3 MO	06/01/2003	\$51.00
1	0158900	EXTERNAL TIME SYNCH		24x7 3 MO	06/01/2003	\$12.75
				Sub Total		\$63.75
1	0159619	REMOTE ALARM OPTION		8x5 3 MO	06/01/2003	\$17.00
1	0159619	REMOTE ALARM OPTION		24x7 3 MO	06/01/2003	\$4.25
				Sub Total		\$21.25
1	0031231-008	GUARDIAN		8x5 3 MO	06/01/2003	\$1,084.75
		Total Maintenance Cost				\$3,880.69

FEDERAL EMPLOYER IDENTIFICATION NUMBER 04-3506655

"WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED, AND OF REGULATIONS AND ORDER OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF."

Total Amount Due      \$3,880.69

To Insure Proper Credit, Please Return Remittance Stub With Your Check

DETACH ▼ ▼ ▼ HERE

\$3,880.69

# Dictaphone

## REMITTANCE STUB

PURCHASING DEPT  
CITY OF DANVILLE  
PO BOX 3300  
DANVILLE VA 24543-3300

LATE CHARGES ARE 1% MONTHLY ON  
BALANCES OVER 30 DAYS. REFER QUESTIONS  
TO OUR LOCAL OFFICE AT 1-800-228-1210

MAIL ALL OTHER CORRESPONDENCE TO:

Customer: To Insure Proper Credit, Please  
Return This Stub With Your Check To:

Dictaphone Corporation  
P.O. Box 856120  
Louisville, KY 40285-6120

Dictaphone Corporation  
3984 Pepsi Cola Drive  
Melbourne, FL 32934  
ATTN: Service Support Dept.

NOTE: TO INSURE PROPER PROCESSING OF YOUR PAYMENT  
PLEASE RETURN REMITTANCE STUB TO:

# Dictaphone

DEPARTMENT: **ES**

DATE REC. **2-4-03**

P.O. Box 856120  
Louisville, KY 40285-6120

PURCHASING DEPT  
CITY OF DANVILLE  
PO BOX 3300  
DANVILLE VA 24543-3300  
UNITED STATES

PURCHASE ORDER

DEPT. APPROVAL BY: **DRY** DATE APPROVED **3-14-03**

ACCOUNT CODE

FUND DEPT. ACCT. NO. COST CODE  
**01 5203**

DATE DATE DISCOUNT

Invoice Date 01/28/2003	Terms of Payment In Full Upon Receipt	Invoice Number MA100000075
----------------------------	--	-------------------------------

Our Order Number and Date  
12/01/2002

Machines  
Located At

MUNICIPAL BUILDING  
CITY OF DANVILLE-EMGE SVC  
418 PATTON STREET  
DANVILLE VA 24541-1226  
UNITED STATES

Quantity	Model/Part No.	Description	Serial Number	Coverage/Term	Effective Date	Total
1	0009916	PROLOG		8x5 3 MO	12/01/2002	\$256.25
1	0031101-0R0	THINNET		8x5 3 MO	12/01/2002	\$490.00
1	0031101-0R0	THINNET		24x7 3 MO	12/01/2002	\$122.50
				Sub Total		\$612.50
1	0031211-024	GUARDIAN		8x5 3 MO	12/01/2002	\$1,473.75
1	0031211-024	GUARDIAN		24x7 3 MO	12/01/2002	\$368.44
				Sub Total		\$1,842.19
1	0158900	EXTERNAL TIME SYNCH OPT		8x5 3 MO	12/01/2002	\$51.00
1	0158900	EXTERNAL TIME SYNCH OPT		24x7 3 MO	12/01/2002	\$12.75
				Sub Total		\$63.75
1	0159619	REMOTE ALARM OPTION		8x5 3 MO	12/01/2002	\$17.00
1	0159619	REMOTE ALARM OPTION		24x7 3 MO	12/01/2002	\$4.25
				Sub Total		\$21.25
1	0031231-008	GUARDIAN		8x5 3 MO	12/01/2002	\$1,084.75
		Total Maintenance Cost				\$3,880.69

FEDERAL EMPLOYER IDENTIFICATION NUMBER 04-3506655

"WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7, AND 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED, AND OF REGULATIONS AND ORDER OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF."

Total Amount Due \$3,880.69

To Insure Proper Credit, Please Return Remittance Stub With Your Check DETACH ▼ ▼ ▼ HERE

\$3,880.69

# Dictaphone

## REMITTANCE STUB

PURCHASING DEPT  
CITY OF DANVILLE  
PO BOX 3300  
DANVILLE VA 24543-3300

LATE CHARGES ARE 1% MONTHLY ON  
BALANCES OVER 30 DAYS. REFER QUESTIONS  
TO OUR LOCAL OFFICE AT 1-800-228-1210

MAIL ALL OTHER CORRESPONDENCE TO:

Customer: To Insure Proper Credit, Please  
Return This Stub With Your Check To:

Dictaphone Corporation  
P.O. Box 856120  
Louisville, KY 40285-6120

Dictaphone Corporation  
3984 Pepsi Cola Drive  
Melbourne, FL 32934  
ATTN: Service Support Dept.





Invoice Date: JULY 2, 2002

Page 1 of 2

Customer Service  
1-800-786-6272Master Invoice  
C070203707

Customer Code

## Billing Address:

CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

Date Due:	AUG. 01, 2002
Total Due:	673.50

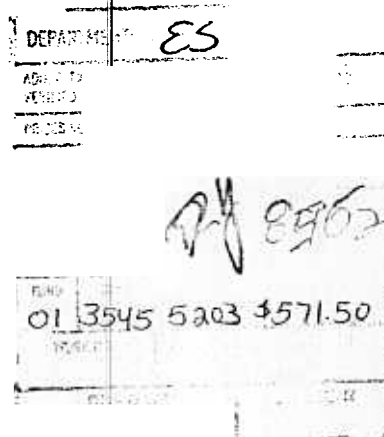
TRANSACTION ONLINE AT WWW.SPRINT.COM/LOCALBUSINESS

## Total Charges Summary

Maintenance/Rental	673.50
<b>Total</b>	<b>673.50</b>

## Invoice Summary

C070203707	673.50
<b>Invoice Total</b>	<b>673.50</b>



Please return this portion with payment

Customer Service  
1-800-786-6272Master Invoice  
C070203707

Customer Code

☐ Check for Change of Address

Date Due:	AUG. 01, 2002
Total Amount Due	673.50
Amount Enclosed	

B  
CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

Make checks payable to:

SPRINT  
PO BOX 96031  
CHARLOTTE, NC 28296-0031

43 50498385003 06748702037070 8 0000067350 0000067350 4



Invoice Date: JULY 31, 2002

Page 1 of 2

Customer Service  
1-800-786-6272Master Invoice  
C073103573

Customer Code

## Billing Address:

CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

Date Due:	AUG. 30, 2002
Total Due:	673.50

TRANSACT ONLINE AT WWW.SPRINT.COM/LOCALBUSINESS

## Total Charges Summary

Maintenance/Rental	673.50
<b>Total</b>	<b>673.50</b>

## Invoice Summary

C073103573	673.50
<b>Invoice Total</b>	<b>673.50</b>

ES

DY 8-5-02

01 3545 5203 6571.50



Please return this portion with payment

Customer Service  
1-800-786-6272Master Invoice  
C073103573

Customer Code

☐ Check for Change of Address

Date Due:	AUG. 30, 2002
Total Amount Due	673.50
Amount Enclosed	

B  
CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

Make checks payable to:

SPRINT  
PO BOX 96031  
CHARLOTTE, NC 28296-0031

43 50498385003 06748731035735 4 0000067350 0000067350 4



Invoice Date: SEPT ER 03, 2002 Page 1 of 2

Customer Service  
1-800-786-6272

Master Invoice  
C090304000

Customer Code

**Billing Address:**

CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

Date Due:	OCT. 03, 2002
Total Due:	673.50

TRANSACTION ONLINE AT WWW.SPRINT.COM/LOCALBUSINESS

**Total Charges Summary**

Maintenance/Rental	673.50
<b>Total</b>	<b>673.50</b>

**Invoice Summary**

C090304000	673.50
<b>Invoice Total</b>	<b>673.50</b>

ES

wpe 9/12/02

01 3545 5203 \$571.50



Please return this portion with payment

Customer Service  
1-800-786-6272

Master Invoice  
C090304000

Customer Code

☐ Check for Change of Address

Date Due:	OCT. 03, 2002
Total Amount Due	673.50
Amount Enclosed	



B  
CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

Make checks payable to:

SPRINT  
PO BOX 96031  
CHARLOTTE, NC 28296-0031



43 50498385003 06748903040002 9 0000067350 0000067350 4



Invoice Date: OCTOB. 01, 2002

Page 1 of 2

Customer Service  
1-800-786-6272Master Invoice  
C100103628

Customer Code

## Billing Address:

CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

Date Due:	OCT. 31, 2002
Total Due:	673.50

TRANSACTION ONLINE AT WWW.SPRINT.COM/LOCALBUSINESS

## Total Charges Summary

Maintenance/Rental	673.50
<b>Total</b>	<b>673.50</b>

## Invoice Summary

C100103628	673.50
<b>Invoice Total</b>	<b>673.50</b>

E/S

10-8-02

01 3545 5203 571.50



Please return this portion with payment

Customer Service  
1-800-786-6272Master Invoice  
C100103628

Customer Code

☐ Check for Change of Address

Date Due:	OCT. 31, 2002
Total Amount Due	673.50
Amount Enclosed	

B  
CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

Make checks payable to:

SPRINT  
PO BOX 96031  
CHARLOTTE, NC 28296-0031

43 50498385003 06749001036282 1 0000067350 0000067350 4



Customer Service  
1-800 6-6272

Master Invoice  
C103007569

Custor Code

**Billing Address:**

CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

Date Due:	NOV. 29, 2002
Total Due:	673.50

TRANSACT ONLINE AT [WWW.SPRINT.COM/LOCALBUSINESS](http://WWW.SPRINT.COM/LOCALBUSINESS)

**Total Charges Summary**

Maintenance/Rental	673.50
<b>Total</b>	<b>673.50</b>

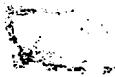
**Invoice Summary**

C103007569	673.50
<b>Invoice Total</b>	<b>673.50</b>

ES

*BY 11-4-02*

01 3545 5203 \$571.50



Please return this portion with payment

Customer Service  
1-800-786-6272

Master Invoice  
C103007569

Customer Code



Check for Change of Address

Date Due:  
Total Amount Due  
Amount Enclosed

NOV. 29, 2002  
673.50

--



Make checks payable to:



B  
CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

SPRINT  
PO BOX 96031  
CHARLOTTE, NC 28296-0031



43 50498385003 06749030075691 2 0000067350 0000067350 4

Customer Service  
1-800-786-6272Master Invoice  
C120304026

Customer Code

## Billing Address:

CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

Date Due:	JAN. 02, 2003
Total Due:	673.50

TRANSACTION ONLINE AT WWW.SPRINT.COM/LOCALBUSINESS

## Total Charges Summary

Maintenance/Rental	673.50
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<b>Total</b>	<b>673.50</b>
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## Invoice Summary

C120304026	673.50
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<b>Invoice Total</b>	<b>673.50</b>
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ES

BY 1-30-03

01 3545 5203 \$571.50



Please return this portion with payment

Customer Service  
1-800-786-6272Master Invoice  
C120304026

Customer Code

☐ Check for Change of Address

Date Due:	JAN. 02, 2003
Total Amount Due	673.50
Amount Enclosed	



Make checks payable to:

B  
CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300SPRINT  
PO BOX 96031  
CHARLOTTE, NC 28296-0031

43 50498385003 06749203040269 4 0000067350 0000067350 4





Invoice Date: JANUARY 02, 2003

Page 1 of 2

Customer Service  
1-800-786-6272Master Invoice  
D010203280

Customer Code

## Billing Address:

CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

Date Due:	FEB. 01, 2003
Total Due:	673.50

TRANSACT ONLINE AT WWW.SPRINT.COM/LOCALBUSINESS

## Total Charges Summary

Maintenance/Rental 673.50

Total	673.50
-------	--------

## Invoice Summary

D010203280 673.50

Invoice Total	673.50
---------------	--------

BY 1-9-03

01 35455203 \$673.50



Please return this portion with payment

Customer Service  
1-800-786-6272Master Invoice  
D010203280

Customer Code

☐ Check for Change of AddressDate Due:  
Total Amount Due  
Amount EnclosedFEB. 01, 2003  
673.50

--



Make checks payable to:

B  
CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300SPRINT  
PO BOX 96031  
CHARLOTTE, NC 28296-0031

43 50498385003 06848102032800 0 0000067350 0000067350 4



Customer Service  
1-800-786-6272

Master Invoice  
C121711982

Customer

**Billing Address:**

CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

<b>Date Due:</b>	<b>JAN. 16, 2003</b>
<b>Total Due:</b>	<b>2,302.90</b>

TRANSACT ONLINE AT [WWW.SPRINT.COM/LOCALBUSINESS](http://WWW.SPRINT.COM/LOCALBUSINESS)

**Total Charges Summary**

Contract Sale	2,302.90
<b>Total</b>	<b>2,302.90</b>

**Invoice Summary**

C121711982	2,302.90
<b>Invoice Total</b>	<b>2,302.90</b>

installment of  
7th position

ES

2022 Encumbered  
1-6-03

01 3545 5203



Please return this portion with payment

Customer Service  
1-800-786-6272

Master Invoice  
C121711982

Customer Code

☐ Check for Change of Address

Date Due:	<b>JAN. 16, 2003</b>
Total Amount Due	<b>2,302.90</b>
Amount Enclosed	



Make checks payable to:

B  
CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

SPRINT  
PO BOX 96031  
CHARLOTTE, NC 28296-0031



43 50498385003 06749217119828 1 0000230290 0000230290 4

Customer Service  
1-800-786-6272Master Invoice  
D013003284

Customer Code

## Billing Address:

CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

Date Due:	MAR. 01, 2003
Total Due:	673.50

TRANSACTION ONLINE AT WWW.SPRINT.COM/LOCALBUSINESS

## Total Charges Summary

Maintenance/Rental	673.50
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<b>Total</b>	<b>673.50</b>
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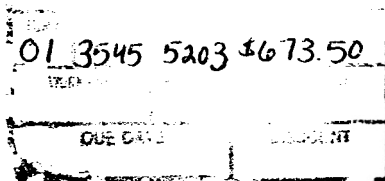
## Invoice Summary

D013003284	673.50
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<b>Invoice Total</b>	<b>673.50</b>
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ES

2-5-03



Please return this portion with payment

Customer Service  
1-800-786-6272Master Invoice  
D013003284

Customer Code

☐ Check for Change of Address

Date Due:	MAR. 01, 2003
Total Amount Due	673.50
Amount Enclosed	



Make checks payable to:

B  
CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300SPRINT  
PO BOX 96031  
CHARLOTTE, NC 28296-0031



Invoice Date: FEBRUARY 18, 2003

Page 1 of 2

Customer Service  
1-800-786-6272Master Invoice  
D021801413

Customer Code

## Billing Address:

CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

Date Due:	MAR. 20, 2003
Total Due:	950.00

TRANSACTION ONLINE AT WWW.SPRINT.COM/LOCALBUSINESS

## Total Charges Summary

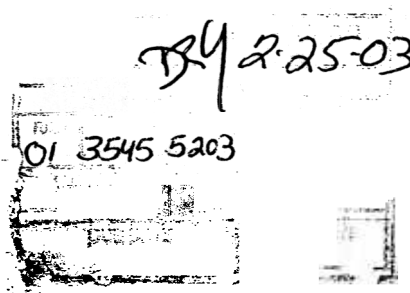
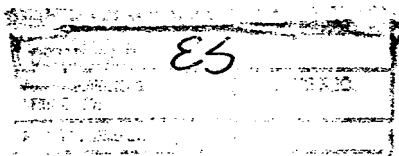
Labor	900.00
Service Charge	50.00

Total	950.00
-------	--------

## Invoice Summary

D021801413	950.00
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Invoice Total	950.00
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Please return this portion with payment

Customer Service  
1-800-786-6272Master Invoice  
D021801413Customer Code  
21838500☐ Check for Change of Address

Date Due:	MAR. 20, 2003
Total Amount Due	950.00
Amount Enclosed	



Make checks payable to:

B  
CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300SPRINT  
PO BOX 96031  
CHARLOTTE, NC 28296-0031

43 50498385003 06848218014132 1 0000095000 0000095000 2



Invoice Date: FEBRUARY 28, 2003

Page 1 of 2

Customer Service  
1-800-786-6272Master Invoice  
D022803905

Customer Code

## Billing Address:

CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

Date Due:	MAR. 30, 2003
Total Due:	673.50

TRANSACTION ONLINE AT WWW.SPRINT.COM/LOCALBUSINESS

## Total Charges Summary

Maintenance/Rental 673.50

Total	673.50
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## Invoice Summary

D022803905 673.50

Invoice Total	673.50
---------------	--------

DEPARTMENT ES	
ADD. EXTENSION VERIFIED BY:	DATE REC.
PRICE VERIFIED BY:	
PURCHASE ORDER	
DEPT. APPROV. BY:	3-6-3
FUND	DEPT
01	3545
5203	
YOUR CODE	YOUR CODE
DISC DATE	DISCOUNT



Please return this portion with payment

Customer Service  
1-800-786-6272Master Invoice  
D022803905

Customer Code

☐ Check for Change of Address

Date Due:	MAR. 30, 2003
Total Amount Due	673.50
Amount Enclosed	<input type="text"/>



Make checks payable to:

B  
CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300SPRINT  
PO BOX 96031  
CHARLOTTE, NC 28296-0031

43 50498385003 06848228039053 5 0000067350 0000067350 4

Invoice Date: **APRIL 01, 2003**Page **of 2**Customer Service  
**1-800-786-6272**Master Invoice  
**D040103392**

Customer Code

**Billing Address:****CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300**

<b>Date Due:</b>	<b>MAY. 01, 2003</b>
<b>Total Due:</b>	<b>673.50</b>

TRANSACTION ONLINE AT [WWW.SPRINT.COM/LOCALBUSINESS](http://WWW.SPRINT.COM/LOCALBUSINESS)**Total Charges Summary**

Maintenance/Rental 673.50

<b>Total</b>	<b>673.50</b>
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**Invoice Summary**

D040103392 673.50

<b>Invoice Total</b>	<b>673.50</b>
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DEPARTMENT: <b>ES</b>	
ADD. ATTENTION:	DATE REC.
PRINTED BY:	
PURCHASE ORDER	
DATE APPROVED BY: <b>[Signature]</b>	<b>4-11-03</b>
01 13545 5205	



Please return this portion with payment

Customer Service  
1-800-786-6272Master Invoice  
D040103392

Customer Code

☐ Check for Change of Address

Date Due:	<b>MAY. 01, 2003</b>
Total Amount Due	<b>673.50</b>
Amount Enclosed	



Make checks payable to:

**B  
CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300****SPRINT  
PO BOX 96031  
CHARLOTTE, NC 28296-0031**

43 50498385003 06848401033928 0 0000067350 0000067350 4

Invoice Date: **APRIL 30, 2003**Page **1** of **2**Customer Service  
1-800-786-6272Master Invoice  
D043011060

Customer Code

**Billing Address:**CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

Date Due:	MAY. 30, 2003
Total Due:	673.50

TRANSACTION ONLINE AT [WWW.SPRINT.COM/LOCALBUSINESS](http://WWW.SPRINT.COM/LOCALBUSINESS)**Total Charges Summary**

Maintenance/Rental 673.50

<b>Total</b>	<b>673.50</b>
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**Invoice Summary**

D043011060 673.50

<b>Invoice Total</b>	<b>673.50</b>
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DEPARTMENT: <b>ES</b>	
ADD. & CHARGES	
MAINTENANCE	
PRICES: 1-800-786-6272	
PURCHASE ORDER	
DEPT. APPROVAL BY: <b>AY 3-6-03</b>	
FUND: <b>01</b>	DEPT: <b>3545</b>
PROJECT: <b>5205</b>	SYMBOL: <b>5205</b>
DUE DATE	
DISCOUNT	



Please return this portion with payment

Customer Service  
1-800-786-6272Master Invoice  
D043011060

Customer Code

☐ Check for Change of Address

Date Due:	MAY. 30, 2003
Total Amount Due	673.50
Amount Enclosed	



Make checks payable to:

B  
CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300SPRINT  
PO BOX 96031  
CHARLOTTE, NC 28296-0031

43 50498385003 06848430110603 8 0000067350 0000067350 4



Invoice Date: MAY 30, 2003

Page 1 of 2

Customer Service  
1-800-786-6272Master Invoice  
D053003198

Customer Code

## Billing Address:

CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300

Date Due:	JUN. 29, 2003
Total Due:	673.50

TRANSACTION ONLINE AT WWW.SPRINT.COM/LOCALBUSINESS

## Total Charges Summary

Maintenance/Rental	673.50
<b>Total</b>	<b>673.50</b>

## Invoice Summary

D053003198	673.50
<b>Invoice Total</b>	<b>673.50</b>

DEPARTMENT: ES	
ADD. & EXTENSIONS VERIFIED BY:	DATE:
PRICES VERIFIED BY:	
PURCHASE ORDER	
DEPT. APPROVAL BY:	6.9.03
FUNG	DEPT
013545 5205	
WORK ORDER	
DUE	IT



Please return this portion with payment

Customer Service  
1-800-786-6272Master Invoice  
D053003198

Customer Code

☐ Check for Change of AddressDate Due: JUN. 29, 2003  
Total Amount Due 673.50

Amount Enclosed

\$673.50 if received 06/30/03 or after



Make checks payable to:

B  
CITY OF DANVILLE  
ATTN: DOUG YOUNG  
PO BOX 3300  
DANVILLE VA 24543-3300SPRINT  
PO BOX 96031  
CHARLOTTE, NC 28296-0031

43 50498385003 06848530031983 8 0000067350 0000067350 4



Nov 15, 2001

'COPY

# INVOICE

No. 41360



139 East South Temple, Suite 500  
Salt Lake City, Utah 84111-1103  
801-363-9127, Fax: 363-9144

**Bill to:**

CITY OF DANVILLE EMERG SERV  
ATTN: CHRIS GOSS  
427 PATTON ST/MUNICIPAL #422  
DANVILLE, VA 24541

**Deliver To:**

CITY OF DANVILLE EMERG SERV  
ATTN: CHRIS GOSS  
427 PATTON STREET  
DANVILLE, VA 24543

**Sales contact:** KEN WINWARD

**Purchase Order:**

**Payment Terms:** Net 30 Days

**Our Job**

Quantity	Description	Unit price	Extension
1	1 Year Extended Service Agreement - PROQA7/1/01-7/1/02	2,025.00	2,025.00
1	One year extended service agreement - AQUA-7/1/01-7/1/02	750.00	750.00

*Please pay from this invoice in US Dollars.  
Make checks payable to Medical Priority*

Utah sales tax

Invoice total 2,775.00

Check No:

Less amount received 0.00

**NET DUE \$ 2,775.00**

Jun 30, 2002



139 East South Temple, Suite 500

Salt Lake City, UT 84111 USA

Tel: (801) 363-9127

Fax: (801) 363-9144

# INVOICE

No. P00186

Bill to: DANVE01

CITY OF DANVILLE EMERG SERV  
ATTN: CHRIS GOSS  
427 PATTON ST/MUNICIPAL #422  
DANVILLE, VA 24541

Deliver To:

CITY OF DANVILLE EMERG SERV  
ATTN: CHRIS GOSS  
427 PATTON STREET  
DANVILLE, VA 24543

Sales contact: KIM WARDROP

Purchase Order:

Payment Terms: Net 30 Days

Our Job

Quantity	Description	Unit price	Extension
1	ANNUAL CONTRACT PAYMENT, ESP FOR PROQA SOFTWARE WARRANTY, SUPPORT AND UPDATES. (JULY 2002 thru JULY 2003)	2,025.00	2,025.00

AMOUNT	IT
EXTENSION	DATE REC.
0.1560	3035
7-16-02	

Please pay from this invoice in US Dollars.  
Make checks payable to Priority Dispatch.

Utah sales tax

Invoice total

2,025.00

Check No:

Less amount received

0.00

NET DUE

\$ 2,025.00

**Priority Dispatch**

Salt Lake City, UT 84111 USA

**Fax: (801) 363-9144**

**Bill to:**

**Deliver To:**

CITY OF DANVILLE EMERG SERV  
ATTN: CHRIS GOSS  
427 PATTON STREET  
DANVILLE, VA 24543

**Purchase Order:**

**Payment Terms:** Net 30 Days

## Our Job

Quantity	Description	Unit price	Extension
1	ANNUAL CONTRACT PAYMENT, ESP FOR AQUA SOFTWARE WARRANTY, SUPPORT AND UPDATES. (JULY 2002 thru JULY 2003)	750.00	750.00

1. NAME 2. ADDRESS 3. CITY 4. STATE 5. ZIP	6. PHONE NO. 7. FAX NO. 8. E-MAIL 9. WEBSITE
10. BUSINESS TYPE 11. INDUSTRY 12. EMPLOYMENT 13. REVENUE 14. GROSS 15. NET	16. DATE REC'D 17. DATE FORW. 18. DATE PAID 19. DATE CLOS. 20. DATE OPEN.
21. COMMENTS 22. NOTES 23. ACTION 24. DATE 25. BY	26. COMMENTS 27. NOTES 28. ACTION 29. DATE 30. BY

### Utah sales tax

Invoice total	750.00
---------------	--------

Less amount received	0.00
----------------------	------

NET DUE	\$ 750.00
---------	-----------

NET DUE

\$

750.00

GLT 01 1001 00 X S  
SALARIES & WAGES-REGULAR

APPROPRIATION LEDGER  
JUL 25 2003

\*\*\* PROGNO035 \*\*\*

DATE	REF NO	CHK NO	PO NO	DESCRIPTION	UNENC	EXP	ENCUMB	APPRO	BALANCE
070102	G07000			MONTHLY PAYROLL CHARGES	528	40.64		600121.00	
073102	G07017			JULY TOTAL	528	40.64		600121.00	547280.36
083002	G08017			MONTHLY PAYROLL CHARGES	524	22.23			
				AUGUST TOTAL	524	22.23			494858.13
093002	G09017			MONTHLY PAYROLL CHARGES	497	46.14			
100202	G09010			WEEKLY LABOR - LABOR CHARGES		817.75			
				SEPTEMBER TOTAL	505	63.89			444294.24
103102	G10017			MONTHLY PAYROLL CHARGES	464	74.24			
				OCTOBER TOTAL	464	74.24			397820.00
112902	G11017			MONTHLY PAYROLL CHARGES	477	56.42			
				NOVEMBER TOTAL	477	56.42			350063.58
121902	120458	22874		ABH STAFFING INC CUST NO 015257		432.79			
123102	G12017			MONTHLY PAYROLL CHARGES	480	29.41			
123002	120940	22875		ABH STAFFING INC CUST NO 015257		620.82			
010203	121133	23423		ABH STAFFING INC CUST NO 015257		542.77			
				DECEMBER TOTAL	496	25.79			300437.79
010803	010037	23422		ABH STAFFING INC CUST NO 015257		557.60			
011403	010184	23422		ABH STAFFING INC CUST NO 015257		557.60			
012403	010684	23976		ABH STAFFING INC CUST NO 015257		557.60			
012703	010832	23976		ABH STAFFING INC CUST NO 015257		557.60			
012703	J01580			RECORD BONUS TO VARIOUS ACCOUNTS	145	94.44			
013003	J01011			DISTRIBUTE BUDGET FOR BONUS PAYMENT				14595.00	
013103	G01017			MONTHLY PAYROLL CHARGES	468	98.00			
020603	011729	24602		ABH STAFFING INC CUST NO 015257		557.60			
				JANUARY TOTAL	643	80.44		14595.00	250702.35
021203	020106	24602		ABH STAFFING INC CUST NO 015257		557.60			
021903	G02010			WEEKLY LABOR - LABOR CHARGES		2602.07			
022803	G02017			MONTHLY PAYROLL CHARGES	494	40.25			
				FEBRUARY TOTAL	526	09.92			198092.43
030503	G03010			WEEKLY LABOR - LABOR CHARGES		699.69			
033103	G03017			MONTHLY PAYROLL CHARGES	513	86.88			

GLT 01 1001 00 X S  
SALARIES & WAGES-REGULAR

APPROPRIATION LEDGER  
JUL 25 2003

\*\*\* PROGNO035 \*\*\*

GENERAL FUND

\* EMERGENCY COMMUNICATIONS E-911

DATE	REF NO	CHK NO	PO NO	DESCRIPTION	UNENC EXP	ENCUMB	APPRO	BALANCE
				MARCH TOTAL	52086.57			146005.86
043003	G04017			MONTHLY PAYROLL CHARGES	49768.68			
				APRIL TOTAL	49768.68			96237.18
053003	G05017			MONTHLY PAYROLL CHARGES	49906.95			
053003	G05552			S.JOSHUA COMPTON - VOID P/R CK - DATED 9-30-02	817.75-			
053003	G05553			RUBY BAINES - VOID P/R CK - DATED 8-30-02	1953.59-			
				MAY TOTAL	47135.61			49101.57
063003	G06017			MONTHLY PAYROLL CHARGES	50970.10			
063003	J06541			KAREN NESTER - OVERPYMT OF WAGES FOR MAY 2002	1124.88-			
072203	T06730			TRANSFER FUNDS FROM 01, .00100000 TO 013 .00100			744.00	
				JUNE TOTAL	49845.22		744.00	35
				YEAR TO DATE	615459.65		615460.00	35

GLT 01 23 2001 00 X S  
FICA TAXES

APPROPRIATION LEDGER  
AUG 27 2003

\*\*\* PROGNO035 \*\*\*

DATE	REF NO	CHK NO	PO NO	DESCRIPTION	BUDGET ORDINANCE
070102	G07000			MONTHLY PAYROLL CHARGES	
073102	G07017			JULY TOTAL	
083002	G08017			MONTHLY PAYROLL CHARGES	
				AUGUST TOTAL	
093002	G09017			MONTHLY PAYROLL CHARGES	
100202	G09010			FICA TAXES	
				SEPTEMBER TOTAL	
103102	G10017			MONTHLY PAYROLL CHARGES	
				OCTOBER TOTAL	
112902	G11017			MONTHLY PAYROLL CHARGES	
				NOVEMBER TOTAL	
123102	G12017			MONTHLY PAYROLL CHARGES	
				DECEMBER TOTAL	
012703	J01580			RECORD BONUS TO VARIOUS ACCOUNTS	
013003	J01011			DISTRIBUTE BUDGET FOR BONUS PAYMENT	
013103	G01017			MONTHLY PAYROLL CHARGES	
				JANUARY TOTAL	
021903	G02010			FICA TAXES	
022803	G02017			MONTHLY PAYROLL CHARGES	
				FEBRUARY TOTAL	
030503	G03010			FICA TAXES	
033103	G03017			MONTHLY PAYROLL CHARGES	
				MARCH TOTAL	
043003	G04017			MONTHLY PAYROLL CHARGES	
				APRIL TOTAL	
053003	G05017			MONTHLY PAYROLL CHARGES	
053103	J05553			RUBY BAINES - VOID P/R CK - DATED 8-30-02	
053103	J05552			S.JOSHUA COMPTON - VOID P/R CK - DATED 9-30-02	
				MAY TOTAL	

GENERAL FUND		* EMERGENCY COMMUNICATIONS E-911	
UNENC	EXP	ENCUMB	APPRO
		BALANCE	
3885.96		45909.00	
3885.96		45909.00	42023.04
3853.97			
3853.97			38169.07
3649.24			
62.56			
3711.80			34457.27
3398.93			
3398.93			31058.34
3497.02			
3497.02			27561.32
3517.90			
3517.90			24043.42
1116.47			
		1117.00	
3431.36			
4547.83		1117.00	20612.59
199.06			
3625.84			
3824.90			16787
53.53			
3770.34			
3823.87			12963.82
3639.63			
3639.63			
3661.54			
149.45-			
62.56-			
3449.53			

GLT, 01. 25. 2001 00 X S  
FICA TAXES

APPROPRIATION LEDGER  
AUG 27 2003

\*\*\* PROGNO035 \*\*\*

GENERAL FUND

\* EMERGENCY COMMUNICATIONS E-911

DATE REF NO CHK NO PO NO DESCRIPTION

UNENC EXP

ENCUMB

APPRO

BALANCE

063003 G06017

MONTHLY PAYROLL CHARGES

3742.85

063003 J06541

KAREN NESTER - OVERPYMT OF WAGES FOR MAY 2002

86.05-

072203 T06731

TRANSFER FUNDS FROM 01. 00100000 TO 01. 200300

JUNE TOTAL

3656.80

2217.00-

2217.00-

86

YEAR TO DATE

44808.14

44809.00

86

DATE	REF NO	CHK NO	PO NO	DESCRIPTION	BUDGET ORDINANCE	UNENC EXP	GENERAL FUND * EMERGENCY COMMUNICATIONS E-911 ENCUMB	APPRO	BALANCE
070102	G07000			MONTHLY PAYROLL CHARGES		3446.02		31892.00	
073102	G07017			JULY TOTAL		3446.02			28445.98
083002	G08017			MONTHLY PAYROLL CHARGES		3419.45			
				AUGUST TOTAL		3419.45			25026.53
093002	G09017			MONTHLY PAYROLL CHARGES		3249.54			
				SEPTEMBER TOTAL		3249.54			21776.99
103102	G10017			MONTHLY PAYROLL CHARGES		3041.80			
				OCTOBER TOTAL		3041.80			18735.19
112902	G11017			MONTHLY PAYROLL CHARGES		3123.23			
				NOVEMBER TOTAL		3123.23			15611.96
123102	G12017			MONTHLY PAYROLL CHARGES		3140.57			
				DECEMBER TOTAL		3140.57			12471.39
013103	G01017			MONTHLY PAYROLL CHARGES		3068.72			
				JANUARY TOTAL		3068.72			9402.67
022803	G02017			MONTHLY PAYROLL CHARGES		3230.14			
				FEBRUARY TOTAL		3230.14			6172.53
033103	G03017			MONTHLY PAYROLL CHARGES		3356.32			
				MARCH TOTAL		3356.32			2816.21
043003	G04017			MONTHLY PAYROLL CHARGES		3257.59			
				APRIL TOTAL		3257.59			441.38-
053003	G05017			MONTHLY PAYROLL CHARGES		3259.77			
				MAY TOTAL		3259.77			3701.15
063003	G06017			MONTHLY PAYROLL CHARGES		3327.28			
063003	J06541			KAREN NESTER - OVERPYMT OF WAGES FOR MAY 2002		71.42-			
072203	T06731			TRANSFER FUNDS FROM 012-00100000 TO 012-200300				2217.00	
072203	T06732			TRANSFER FUNDS FROM 012-00100000 TO 012-200300				4740.00	
072503	T06514			TRANSFER FUNDS FROM 014-100100000 TO 014-200300				1.00	
				JUNE TOTAL		3255.86		6958.00	



GLT 01 3:45 2003 00 X S  
RETIREMENT-EMS

APPROPRIATION LEDGER  
AUG 27 2003

\*\*\* PROGNO035 \*\*\*

DATE REF NO CHK NO PO NO DESCRIPTION  
YEAR TO DATE

GENERAL FUND		* EMERGENCY COMMUNICATIONS E-911	
UNENC	EXP	ENCUMB	APPRO BALANCE
388	49.01		38850.00 .99

# APCO International

Association of Public-Safety Communications Officials

## ANNUAL DUES INVOICE

Federal ID Number 63-046-1885



96240

APCO INTERNATIONAL, INC.  
151 NORTH WILLIAMSON BLVD  
FORT GARY, FLORIDA 32114-1112  
888-APCO-1-1-1 OR 386-422-2500

☐ Address change on back

J Leon Jones  
Emergency Services  
City of Danville  
PO Box 3300  
Danville, VA 24543-

Statement Date: Oct 01, 2002

Date Due: Oct 31, 2002

Membership Expires On: Dec 31, 2002

Invoice No.: \_\_\_\_\_

Silent Key Contribution: \$ \_\_\_\_\_

Total Amount Due: \$ \$60.00

- NOTE • Return top portion with remittance.  
• Area code and address has changed for APCO International.  
• If paying by credit card, please complete back of form.

Statement	Membership	Member	Total
Date: <u>Oct 01, 2002</u>	Expires On: <u>Dec 31, 2002</u>	Number: <u>96240</u>	Amount Due: <u>\$60.00</u>

### You are being billed for: 2003 APCO Membership Dues

Name: J Leon Jones

Member Number: [REDACTED]

The information below will be published in the membership directory. If you need to make changes or additions, please provide the correct information on the back of this form. If you make no updates, we will assume that all information is correct and will appear as shown below.

Mailing Address: PO Box 3300

Work Phone: Danville, VA 24543-

(434) 799-5206

Home Phone: (804) 836-2642

Fax Number: (434) 797-8938

E-Mail Address: jleon@gamewood.net

Amateur C/S:

Chapter:

Job Title: Shift Supervisor

Classification:

Employer Name: City of Danville

Address: PO Box 3300

Danville, VA 24543-

#### Membership Dues

Primary Chapter	Chapter	Member Category	Price	Balance	Amt Due
ES	<input checked="" type="checkbox"/> VIRGINIA	Active Member (Tier One)	\$60	\$0	\$60
Total Amount Due					\$60

#### AN IMPORTANT MESSAGE FROM APCO

APCO International annual dues are not deductible as a charitable contribution for federal tax purposes, but may be deducted as a business expense. Public Safety Communications/ APCO BULLETIN subscription price for one year (\$27) is included in membership dues and members may not deduct subscription price from dues.

in the future of the association by contributing to the Silent Key. Donations may be for \$100, \$50, \$25 or any increment you choose. Silent Key contribution may be 100 percent deductible through contributions made to the APCO Institute, Inc., a 501(c)(3) not-for-profit association. Consult your tax advisor for details.

Reminder: This membership information will appear in the membership directory unless you update your records.

# APCO International

Association of Public-Safety Communications Officials

## ANNUAL DUES INVOICE

Federal ID Number 63-046-1885



APCO INTERNATIONAL, Inc.  
351 NORTH WILLIAMSBURG BLVD.  
FREDERICKSBURG, VIRGINIA 22404-1112  
888-APCO-9111 or 866-322-2500

☐ Address change on back

Christopher Goss  
Communications  
City of Danville  
PO Box 3300  
Danville, VA 24543-

Statement Date: Oct 01, 2002

Date Due: Oct 31, 2002

Membership Expires On: Dec 31, 2002

Invoice No.:

Silent Key Contribution: \$

Total Amount Due: \$ \$60.00

NOTE • Return top portion with remittance.  
• Area code and address has changed for APCO International.  
• If paying by credit card, please complete back of form.

Statement	Membership	Member	Total
Date: <u>Oct 01, 2002</u>	Expires On: <u>Dec 31, 2002</u>	Number: <u>[REDACTED]</u>	Amount Due: <u>\$60.00</u>

## You are being billed for: 2003 APCO Membership Dues

Name: Christopher Goss

Member Number:

The information below will be published in the membership directory. If you need to make changes or additions, please provide the correct information on the back of this form. If you make no updates, we will assume that all information is correct and will appear as shown below.

Mailing Address: PO Box 3300  
Danville, VA 24543-  
(434) 799-5206  
Work Phone:  
Home Phone:  
Fax Number: (434) 797-8938  
E-Mail Address: [clg@gamewood.net](mailto:clg@gamewood.net)  
Amateur C/S:  
Chapter:

Job Title: Assistant Director Of Ems  
Classification: Professional Development Program  
Employer Name: City of Danville

Address: PO Box 3300  
Danville, VA 24543-

Membership Dues						
Primary Chapter	Chapter	Member Category	Price	Balance	Amt Due	
ES	VIRGINIA	Active Member (Tier One)	\$60	\$0	\$60	
Total Amount Due					\$60	

01 3545 5401

### AN IMPORTANT MESSAGE FROM APCO

APCO International annual dues are not deductible as a charitable contribution for federal tax purposes, but may be deducted as a business expense. Public Safety Communications/ APCO BULLETIN subscription price for one year (\$27) is included in membership dues and members may not deduct subscription price from dues.

in the future of the association by contributing to the Silent Key. Donations may be for \$100, \$50, \$25 or any increment you choose. Silent Key contribution may be 100 percent deductible through contributions made to the APCO Institute, Inc., a 501(c)(3) not-for-profit association. Consult your tax advisor for details.

Reminder: This membership information will appear in the membership directory unless you update your records.



**American  
Red Cross**

Danville-Pittsylvania County Chapter  
2276 Franklin Turnpike, Suite 121  
Danville, Virginia 24540  
Ph.: (434)836-2434 Fax: (434)836-4053

# INVOICE #466

ES

**DATE:** April 15, 2003

**TO:** Danville Emergency Services  
427 Patton Street  
Danville, VA 24543

**Attention:** Chris Goss

net 30 days

9 Administrative fees for certificates @ \$3.00 each

PURCHASE	
DEPT. APPROV. BY: <i>BA</i>	
DATE: 4-16-03	
QTY	PRICE
01	3545.5502
TOTAL	
DUE DATE	
DISCOUNT	
\$ 27.00	

**TOTAL**

**\$ 27.00**

Class by Chris Goss on 4-16-03

*CB*

**THANK YOU FOR CHOOSING AMERICAN RED CROSS!!!!**

## **RED CROSS PLACES GREAT EMPHASIS ON SAFETY AND PREVENTION**

We have in Stock:

Key Chain CPR faceshields	11.00
Pocket Masks w/ replaceable filter & 1 way valve	13.00
Large Pillow First Aid Kit w/ shock blanket (OSHA complaint)	19.00
Smoke Alarm Christmas Tree Ornament "Safety for your home"	7.00
First Aid Fast Book	5.00
Fanny Pack 1st Aid Kit	12.00

***THE PROGRAMS OF THE AMERICAN RED CROSS ARE MADE POSSIBLE BY THE VOLUNTRAY SERVICES AND FINANCIAL SUPPORT OF THE AMERICAN PEOPLE***

***Your Tax Deductible Gifts Are Graciously Accepted... MEMORIALS AND GIFTS IN HONOR OF YOUR FRIENDS AND LOVED ONES made to your local Red Cross Chapter enable us to...***

Teach lifesaving skills . . . CPR, First Aid and Lifeguarding  
Provide emergency communications and financial aid for military personnel and their families living in Danville and Pittsylvania County  
Provide shelter, food, clothing & medical assistance to local disaster victims

**A UNITED WAY AGENCY**

***Together, we can save a life***

6-19-03

NBLV

# APCO Institute Order Form

All Training Manuals are \$69.00 each + S&H  
Orders will NOT be processed without this form.  
This form should be completed and returned to the  
APCO Institute at least 21 days prior to the class start date.

Mail or FAX to:  
APCO Institute  
351 N. Williamson Blvd.  
Daytona Beach, FL 32114-1112  
386-322-2500 or FAX 386-322-9766  
Email: institute@apco911.org

Instructor Name Chris Goss  
Daytime Phone 434-799-6535 Fax 799-8938  
Agency Name Danville Emergency Services  
Address 427 Patton St.  
City Danville State Va Zip 24543

Required Delivery Date:

Ship To: <u>Chris Goss</u>	Bill To:
<u>Dept. OF Emergency Services</u>	
<u>Danville Va 24543</u>	

Quantity	Item Description	Unit Price	Total
<u>10</u>	<u>APCO Basic Telecommunicator</u>	<u>69.00</u>	<u>690.00</u>

☐ CHECK ENCLOSED # \_\_\_\_\_  
☐ PURCHASE ORDER # \_\_\_\_\_ COPY REQUIRED  
☐ VISA ☒ MASTERCARD ☐ DISCOVER ☐ AMEX  
Card # 5 Exp: 11-05  
Card Holders Name: Chris L. Goss  
Card Holders Address: Same as above.

Sub Total	
Shipping & Handling 7%, 14% if received less than 21 days from start date; Overnight shipping \$22.50 for first book and \$10.00 for each additional book	<u>48.30</u>
Total Order	<u>738.30</u>

Signature: [Signature]

**PAYMENT MUST ACCOMPANY YOUR ORDER**  
Orders will only be processed with  
submission of an actual purchase order.  
Purchase order numbers alone will  
not validate orders. (US Funds Only)



**American  
Red Cross**

Danville . ittsylvania County Chapter  
2276 Franklin Turnpike, Suite 121  
Danville, Virginia 24540  
Ph.: (434)836-2434 Fax: (434)836-4053

## INVOICE #388

DATE: January 21, 2003

TO: Danville Emergency Services  
PO Box 3300  
Danville, VA 24543

Attention: Chris Goss

net 30 days

Workplace FA/CPR/AED Program Instructor Materials @ \$23.00 each = \$ 23.00

**TOTAL**

**\$ 23.00**

Received by Leon Jones on 1-17-03

**THANK YOU FOR CHOOSING AMERICAN RED CROSS!!!!**

*E-S*

**RED CROSS PLACES GREAT EMPHASIS ON SAFETY AND PREVENTION**

We have in Stock:

Key Chain CPR faceshields	11.00
Pocket Masks w/ replaceable filter & 1 way valve	13.00
Large Pillow First Aid Kit w/ shock blanket (OSHA complaint)	19.00
Smoke Alarm Christmas Tree Ornament "Safety for your home"	7.00
First Aid Fast Book	5.00
Fanny Pack 1st Aid Kit	12.00

*824 1-24.03*

*01 3545 5502*

**THE PROGRAMS OF THE AMERICAN RED CROSS ARE MADE POSSIBLE BY THE VOLUNTRAY  
SERVICES AND FINANCIAL SUPPORT OF THE AMERICAN PEOPLE**

**Your Tax Deductible Gifts Are Graciously Accepted... MEMORIALS AND GIFTS IN HONOR OF YOUR  
FRIENDS AND LOVED ONES made to your local Red Cross Chapter enable us to...**

Teach lifesaving skills . . . CPR, First Aid and Lifeguarding  
Provide emergency communications and financial aid for military personnel and their families living  
in Danville and Pittsylvania County  
Provide shelter, food, clothing & medical assistance to local disaster victims

**A UNITED WAY AGENCY**

***Together, we can save a life***



## PIEDMONT REGIONAL CRIMINAL JUSTICE TRAINING ACADEMY

June 14, 2002

Douglas R. Young  
Danville Emergency Services  
P. O. Box 3300  
Danville, VA 24543

Dear Director Young:

Based on the figures provided by your department in the 2002-2003 Charter Agreement, the following amount has been assessed to your department.

AMOUNT OF PERSONNEL	AMOUNT PER PERSON	TOTAL AMOUNT
22	\$175.00	\$3,850.00

Please sign the Charter Agreement and return it to the Academy. Payment of Assessment Fee will be due within ninety days after June 14, 2002. If you have any questions, please give us a call.

Best Regards,

*Charles E. Long, Sr.*  
Charles E. Long, Sr.  
Executive Director

CEL/gs

Enclosure

DEF	ES
7-30-02	
OL 3545 3006	



# ROCKHURST UNIVERSITY CONTINUING EDUCATION CENTER, INC.

National Seminars Group • Padgett-Thompson  
6901 West 63rd Street • Shawnee Mission, Kansas 66202-4007  
913-432-7755 • Fax 913-432-0824

June 25th, 2003

\*\*\*\*\*  
\* PAYMENT RECEIPT \*  
\*\*\*\*\*

DANVILLE EMERGENCY SERVICES  
MR. DOUGLAS YOUNG  
427 PATTON ST  
DANVILLE, VA 24541-1215

MR. YOUNG

Thank you for calling National Seminars. We are always glad to be of service to our customers. The account summary that you requested, showing payments and purchases to date, is printed below.

YOUR PRODUCT ORDER: 2559494 PURCHASED BY PHONE

ITEM	ITEM DESCRIPTION	QTY	PRICE	AMOUNT
DM366	POWERF.COMMUNIC.SKILLS 60 MIN VIDEO /CAT	1	99.00	99.00
129CD	BUSINESS GRAMMAR & USAGE 4 PROF. CD	1	69.95	69.95
3189	HOW TO SUPERVISE PEOPLE CD-ROM	1	99.00	99.00
	SHIPPING & HANDLING		.00	5.00
	PRODUCT TOTAL--		----->	272.95

INVOICE 6/23/03 272.95

MASTER CARD 6/23/03 272.95-  
ACCOUNT BALANCE -- .00

We appreciate the prompt attention you have given your account. Please call us at 1-800-258-7246 if we can help you again. We look forward to serving your continuing-education needs in the future.

Sincerely,

MARIETA WANNEN  
NATIONAL SEMINARS GROUP

Confirmation#: 641740801



FRED PRYOR SEMINARS



pay

process order

CAREERTRAC

## Billing Information

Continue Shopping

☐ Bill Me

An invoice will be sent to your billing address.

☒ Credit CardCredit Card Type: Credit Card Number: CSC #:  (What is CSC #?)Expiration Date:  November 

## Order Summary

## Type

## Item

## Quantity

## Students

How to Supervise People on 07/31/2003 at  
LYNCHBURG, VA.  
Event Number: 1111

2

Mrs. Kay  
Baggerly  
Ms. Lisa  
Richardson

Cart Total: US \$258.00

Unit Price Total Price

US \$129.00 US \$258.00

Subtotal: US \$258.00

Tax: US \$0.00

Shipping: US \$0.00

Cart Total: US \$258.00

When you are ready to submit your order, press "Submit This Order".

Submitting your order will process it for payment.

[Buyer Satisfaction Guarantee](#) | [Policies and Security](#) | [FAQ](#)

Continuous learning from pryor.com. © 1999-2003 All rights reserved.

Jun 13, 2003

# INVOICE

No. 108211



Bill to:

DANVILLE EMS  
427 PATTON STREET  
DANVILLE, VA 24543

Deliver To:

Customer ID#: 17

Purchase Order: MASTERCARD

Payment Terms: Net 30 Days

Job No:

Quantity	Description	Unit price	Extension
1	EMD RECERTIFICATIONS FOR: FOSTER 956176	45.00	45.00

3545  
5502 ✓

Priority Dispatch  
Deanne  
1-800-363-9127

Please pay from this invoice in US Dollars.  
Make checks payable to National Academies Of  
Emergency Dispatch.

	Invoice total	45.00
Check No: MC	Less amount received	45.00

**NET DUE 0.00**

# Course Registration Form

Priority Dispatch

Please complete the following to register for a course. One form per registrant please. If you wish, you can print this form and fax it to 801-363-9144.

## Contact Information

<b>Name:</b>	Katie Alcorn *	<b>Agency:</b>	Danville Emergency Service
<b>Title:</b>	Telecommunicator	<b>Email:</b>	
<b>Work Phone:</b>	434-799-5111 *Ext. <input type="text"/>	<b>Home Phone:</b>	<input type="text"/>
<b>Fax:</b>	434-7978938		
<b>Address 1:</b>	427 Patton St	<b>Address 2:</b>	
<b>City:</b>	Danville	<b>County:</b>	
<b>State/Province:</b>	VA	<b>Zip/Postal Code:</b>	
<b>Country:</b>	USA		

\* Required to register for course.

## Course Information

<b>Course Info</b>	<b>Course #:</b>	7462
	<b>Type:</b>	Emergency Medical Dispatch Certification
	<b>Location:</b>	Rockingham, NC
	<b>Start Date:</b>	5/23/2003
	<b>End Date:</b>	5/25/2003

**\*STOP!\* If the above is not the course you want to register for please, return to cour**

<b>Course Fee</b>	<input checked="" type="checkbox"/> <b>\$295 ON-TIME REGISTRATION</b> Register today to avoid any additional fees for registrations within 10 days of the start date.
-------------------	--

**PLEASE NOTE:** In a small percentage of cases course fees will vary according to class type, location and arrangements made with the host agency. If you are unsure as to the arrangements made for your class, please contact a sales representative.

Priority Dispatch reserves the right to change course fees at its discretion.

## Payment Information

You can pay by **PURCHASE ORDER**

Apr 22, 2003



*National Academies of Emergency Dispatch*

139 East South Temple, Suite 530

Salt Lake City, UT 84111

Tel: (800) 960-6236

Fax: (801) 359-0996

# INVOICE

No. 107775

*Bill to:*

DANVILLE EMS  
427 PATTON STREET  
DANVILLE, VA 24543

*Deliver To:*

Customer ID#:

Purchase Order:

Payment Terms: Net 30 Days

Job No:

---

<i>Quantity</i>	<i>Description</i>	<i>Unit price</i>	<i>Extension</i>
12	EMD RECERTIFICATIONS FOR: D. YOUNG 940569, K. SCOTT 940567, P. BAGGERLY 940560, L. JONES 940395, L. BUSBY 940391, C. GOSS 940394, P. TRAVIS 940568, J. DOSS 940563, T. PLUMMER 940561, R. FERGUSON 940564, L. RICHARDSON 940400, C. MCCULLOUGH 940397	45.00	540.00

---

*Please pay from this invoice in US Dollars.*

*Make checks payable to National Academies Of  
Emergency Dispatch.*

	Invoice total	540.00
Check No:    Mastercard	Less amount received	540.00

---

NET DUE	0.00
---------	------

# FRED PRYOR SEMINARS CAREERTRACK.

divisions of PARK University Enterprises, Inc.  
P.O. BOX 410498  
Kansas City, MO 64141-0498

RPS-GROUND

PAGE 1

**INVOICE**

99A

PRP

PKG ID 08195883-01  
80189217

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800  
DOUG YOUNG  
ANVILLE EMERGENCY SERVICE  
17 PATTON ST.  
ANVILLE, VA 24541

CUSTOMER NUMBER	INVOICE NUMBER	ORDER DATE	CUSTOMER P.O.	SHIP VIA	TERMS
014061248	006430827	02/21/03		RPS-GROUND	FRED PRYOR PAY

QUANTITY	ITEM NUMBER	DESCRIPTION	LIST PRICE	YOUR PRICE	EXTENSION
1	C21176V FP - PA04	TAKING CONTROL OF YOUR WORKDAY	199.95	199.95	199.95
1	C30201PG1 FP - PA04	HOW TO CREATE HIGH IMPACT LETT	.00	.00	.00
1	C30017PG1 FP - PA05	TAKING CONTROL OF YOUR WORKDAY	.00	.00	.00
1	C30141PG1 FP - PA06	HOW TO CREATE HIGH IMPACT NEWS	119.95	119.95	119.95
1	C30161PG1 FP - PA07	HOW TO CREATE HIGH IMPACT REPO	.00	.00	.00
1	12890V FP - PA10	NEGATIVITY IN THE WORK PLACE	199.95	199.95	199.95

KEEP THIS COPY  
FOR YOUR RECORDS

CONTINUED.....

PKG ID 08195883-01  
80189217

DOUG YOUNG  
DANVILLE EMERGENCY SERVICE  
427 PATTON ST.  
DANVILLE, VA 24541

SHIP TO  
SAME

SOLD TO

STON INBRF INVOICE NUMBER ORDER DATE CUSTOMER P.O.

006430827 02/21/03

SHIP VIA

RPS-GROUND

TERMS

FRED PRYOR PAY

QUANTITY	ITEM NUMBER	DESCRIPTION	LIST PRICE	YOUR PRICE	EXTENSION
1	16240V	HOW TO ORGANIZE & MAINTAIN FIL	149.95	149.95	149.95
	FP - PB02				
1	PRYFSC3	GIFT CERTIFICATE C7	.00	.00	.00
	FP - P1				
1	FREIGHT	PRYOR FREIGHT CHARGE	22.95	22.95	22.95
	FP - ZZ9999				
SUBTOTAL					692.75
TOTAL					692.75
FRED PRYOR PAYMENT *** PAID IN FULL					

DETACH AND SUBMIT WITH PAYMENT

Submit Payment to:

Fred Pryor Seminars / Career Track  
Divisions of Park University Enterprises, Inc  
P O BOX 410498  
Kansas City, MO 64141-0498

DOUG YOUNG  
DANVILLE EMERGENCY SERVICE  
427 PATTON ST.  
DANVILLE, VA 24541

910794

STON INBRF INVOICE NUMBER ORDER DATE CUSTOMER P.O.

006430827 02/21/03

TOTAL DUE

PLEASE INDICATE AMOUNT PAID

Outstanding Balance Due by Credit Card, Please Fill in Information Below:

MasterCard ☐ Visa ☐ American Express

DAYTIME  
TELEPHONE ( )

CREDIT CARD NUMBER

EXP DATE

SIGNATURE

See back for product return instructions

800801892170819588301000000000

OUR CAREER-STORE GUARANTEE!

Our goal is to provide quality business training and professional development materials that meet your needs in today's business environment. If for any reason you are dissatisfied with your CareerStore purchase, return it to us within 30 days of receipt with a copy of your invoice and completed return form and you will receive an alternate product of your choice from our CareerStore or a full refund (minus shipping & handling charges) - GUARANTEED.

RPS-GROUND

Fred Pryor Seminars / Career Track  
Divisions of Park University Enterprises, Inc

9757 Metcalf Avenue  
Overland Park, KS 66212 800  
1-800-556-3012

DOUG YOUNG  
DANVILLE EMERGENCY SERVICE  
427 PATTON ST.  
DANVILLE, VA 24541

08195883-01

99A



c

- 5502

# 911Trainer.com - Secure Order Form



Please confirm your order is correct, and press the confirm order button below.

## Order Information

### Shipping Information

**Name:** Doug Young  
**Job Title:** Director  
**Organization:** Danville Emergency Services  
**Address:** 427 Patton Street  
 Address: Danville, VA. 24541  
**Country:** United States - US  
**Phone:**  
**Email:** danvilleems@hotmail.com

### Billing Information

**Name:** Doug Young  
**Address:** 427 Patton Street  
 Address: Danville, VA. 24541  
**Country:** United States - US  
**Phone:** 4347996535  
**Email:** danvilleems@hotmail.com

**Payment Method:** Credit Card

**Card Holder:** Douglas Young

**Card Type:** Mastercard

**Card#:**

**Card Exp:** 12/01 - 12/02

### Comments

This is government purchase, tax emp.

item#	name	description	price	qty	amount
S101	911 Training Manual	SOP HEADACHE? Here take this... We can't k	\$325.00	1	\$325.00

8% Sales tax added for WA State residents.

Subtotal \$325.00

Sales Tax \$0.00

Shipping/Handling \$29.25

**Total \$354.25**

Confirm Order

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Powered By: MySQL

Jan 2, 2003

# INVOICE

No. 106920

Bill to:

DANVILLE EMERGENCY SERVICES  
PO BOX 3300  
DANVILLE, VA 24541

Customer ID#:

Purchase Order: MC6157

Payment Terms: Net 30 Days

Deliver To:

**NAOED**  
*National Academies of Emergency Dispatch*  
139 East South Temple, Suite 530  
Salt Lake City, UT 84111  
Tel: (800) 960-6236  
Fax: (801) 359-0996

✓ 3545 5502

Quantity	Description	Unit price	Extension
1	EMD RECERIFICATIONS FOR: 952993 GORDON	45.00	45.00

*Please pay from this invoice in US Dollars.  
Make checks payable to National Academies Of  
Emergency Dispatch.*

Check No: MC6157

Invoice total 45.00

Less amount received 45.00

**NET DUE**

**0.00**



Oct 24, 2002



# INVOICE

No. 106456

Bill to:

DANVILLE EMERGENCY SERVICES  
PO BOX 3300  
DANVILLE, VA 24543

Deliver To:

139 East South Temple, Suite 530  
Salt Lake City, UT 84111  
Tel: (800) 960-6236  
Fax: (801) 359-0996

Customer ID#:

Purchase Order: MC2569

Payment Terms: Net 30 Days

Job No:

Quantity	Description	Unit price	Extension
	EMD RECERTIFICATIONS FOR: 950913 ELKOW	45.00	45.00

*(This form is crossed out with a large X)*

DEPT. AGENCY: <b>ES</b>	
ADD. DATE	DATE REC.
VERIFIED BY	
PRICES VERIFIED BY	
PURCHASE ORDER	
DEPT. APPROVAL BY	DATE RECEIVED
QUANTITY CODE	
FUND	EXP. NO.
01	3545 5502
YOUR USE	RECEIVER
DUE DATE	
DISCOUNT	

3545  
5502

Please pay from this invoice in US Dollars.  
Make checks payable to National Academies Of  
Emergency Dispatch.

Check No: MC2569

Invoice total 45.00

Less amount received 45.00

NET DUE 0.00

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Lisa Richardson Account Code: 0123201-54900  
Dates of Travel: 31-Jul-03 Destination: Lynchburg, VA  
Purpose: Supervision Training

		<b>COST</b>	
		<b>Estimated</b>	<b>Actual</b>
Tuition and Registration		\$	\$
Lodging			
Airfare			
Personal Vehicle @ 32.5 cents per mile			
Estimated	Actual		
	<u>133</u>	<u>0.00</u>	<u>43.23</u>
Transportation Costs (Taxi, etc.)			
Meals and Tips			<u>16.51</u>
Other			

Total Estimated Amount \$ 0.00

Advance Needed ( ) Yes ( ) No \$ 0.00

Total Actual \$ 59.74

Balance Due: City Employee X \$ 59.74

**Travel**

Authorization \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement  
Authorization

Lisa Richardson 8-1-03 D Young 8-4-03  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance.  
Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Other Notations

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_

Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Katherine Alcorn Account Code: 01-3545-5501  
Dates of Travel: June 2-10, 2003 Destination: Martinsville, VA  
Purpose: Dispatch Training

	<b>COST</b>	
	<b>Estimated</b>	<b>Actual</b>
Tuition and Registration	\$ _____	\$ _____
Lodging	_____	_____
Airfare	_____	_____
Personal Vehicle @ 32.5 cents per mile		
Estimated _____ Actual _____	0.00	0.00
Transportation Costs (Taxi, etc.)	_____	_____
Meals and Tips	_____	28.82
Other _____	_____	_____
_____	_____	_____
_____	_____	_____
Total Estimated Amount	\$ <u>0.00</u>	
Advance Needed ( ) Yes ( ) No	\$ <u>0.00</u>	
Total Actual		\$ <u>28.82</u>
Balance Due:      City      Employee <u>X</u>		\$ <u>28.82</u>

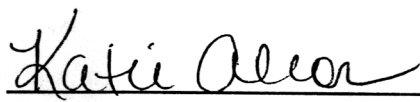

**Travel**

Authorization

Employee Signature _____ Date _____	Department Director/City Manager _____ Date _____
-------------------------------------	---

Reimbursement

Authorization

 Employee Signature _____ Date <u>6-10-03</u>	 Department Director/City Manager _____ Date <u>6.10.3</u>
---	---

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance.  
Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Other Notations

**FINANCE DEPARTMENT USE**

Date: _____	Advance Check No. _____
Date: _____	Reimbursement Check No. _____

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Kimberly Scott Account Code: 01-3545-5501  
Dates of Travel: 15-May-03 Destination: Blacksburg, VA  
Purpose: Basic Skywarn Training

	<b>COST</b>	
	<b>Estimated</b>	<b>Actual</b>
Tuition and Registration	\$ _____	\$ _____
Lodging	_____	_____
Airfare	_____	_____
Personal Vehicle @ 32.5 cents per mile		
Estimated _____ Actual _____	0.00	0.00
Transportation Costs (Taxi, etc.)	_____	_____
Meals and Tips	_____	10.29
Other	_____	_____
	_____	_____
	_____	_____

Total Estimated Amount \$ 0.00

Advance Needed ( ) Yes ( ) No \$ 0.00

Total Actual \$ 10.29

Balance Due: City Employee X \$ 10.29

**Travel**

Authorization \_\_\_\_\_

Employee Signature

Date

Department Director/City Manager

Date

Reimbursement

Authorization

Employee Signature

Date

Department Director/City Manager

Date

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance.  
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Other Notations

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_

Advance Check No. \_\_\_\_\_

Date: \_\_\_\_\_

Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Katherine Alcorn Account Code: 01-3545-5501  
Dates of Travel: May 22-24, 2003 Destination: Rockingham, NC  
Purpose: EMD Training

	<b>COST</b>	
	<b>Estimated</b>	<b>Actual</b>
Tuition and Registration	\$ _____	\$ _____
Lodging	_____	_____
Airfare	_____	_____
Personal Vehicle @ 32.5 cents per mile	_____	_____
Estimated _____ Actual _____	0.00	0.00
Transportation Costs (Taxi, etc.)	_____	_____
Meals and Tips	_____	27.67
Other _____	_____	_____
_____	_____	_____
_____	_____	_____

Total Estimated Amount \$ 0.00

Advance Needed ( ) Yes ( ) No \$ 0.00

Total Actual \$ 27.67

Balance Due: City Employee X \$ 27.67

**Travel**

Authorization \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

**Reimbursement**

Authorization Katherine Alcorn 6-3-03 D. Young 6-5-03  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance.  
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Other Notations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_

Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Katherine Alcorn Account Code: 01-3545-5501  
 Dates of Travel: May 22-24, 2003 Destination: Rockingham, NC  
 Purpose: EMD Certification Course

	<b>COST</b>	
	<b>Estimated</b>	<b>Actual</b>
Tuition and Registration	\$	\$
Lodging	<u>188.16</u>	<u><del>188.16</del> 188.16</u>
Airfare		
Personal Vehicle @ 32.5 cents per mile		
Estimated Actual	<u>0.00</u>	<u>0.00</u>
Transportation Costs (Taxi, etc.)		
Meals and Tips		<u><del>22.50</del></u>
Other		

Total Estimated Amount \$ 0.00

Advance Needed (☒ Yes ( ) No) \$ 188.16

Total Actual

\$ ~~188.16~~

Balance Due: City Employee X

\$ ~~188.16~~

Travel

Authorization

Katherine Alcorn 05-12-03

Employee Signature

Date

[Signature] 5-12-03

Department Director/City Manager

Date

Reimbursement

Authorization

Employee Signature Date

Department Director/City Manager Date

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance.  
 Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Other Notations

Employee needs advance for travel since she does not have a credit card to apply the charges for lodging.

**FINANCE DEPARTMENT USE**

Date: 5-15-03

Advance Check No. 34029

Date: \_\_\_\_\_

Reimbursement Check No. \_\_\_\_\_

[Signature]  
5-17-03

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Katherine Alcorn Account Code: 01-3545-5501  
Dates of Travel: 15-May-03 Destination: Blacksburg, VA  
Purpose: Basic Skywarn Class

	<b>COST</b>	
	<b>Estimated</b>	<b>Actual</b>
Tuition and Registration	\$ <u>                    </u>	\$ <u>                    </u>
Lodging	<u>                    </u>	<u>                    </u>
Airfare	<u>                    </u>	<u>                    </u>
Personal Vehicle @ 32.5 cents per mile		
Estimated <u>                    </u> Actual <u>                    </u>	0.00	0.00
Transportation Costs (Taxi, etc.)	<u>                    </u>	<u>                    </u>
Meals and Tips	<u>                    </u>	6.28
Other	<u>                    </u>	<u>                    </u>
	<u>                    </u>	<u>                    </u>
	<u>                    </u>	<u>                    </u>
Total Estimated Amount	\$ <u>                    0.00</u>	
Advance Needed ( ) Yes ( ) No	\$ <u>                    0.00</u>	
Total Actual		\$ <u>                    6.28</u>
Balance Due:      City              Employee      X		\$ <u>                    6.28</u>

Travel  
Authorization \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement  
Authorization Kate Alcorn 5-16-03 DJ Young 51903  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance.  
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Other Notations
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**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_  
Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Linda Busby Account Code: 01-3545-5501

Dates of Travel: 15-May-03 Destination: Blacksburg, VA

Purpose: Basic Skywarn Class

		<b>COST</b>	
		<b>Estimated</b>	<b>Actual</b>
Tuition and Registration	\$		\$
Lodging			
Airfare			
Personal Vehicle @ 32.5 cents per mile			
Estimated	Actual	0.00	0.00
Transportation Costs (Taxi, etc.)			
Meals and Tips			6.81
Other			

Total Estimated Amount \$ 0.00

Advance Needed ( ) Yes ( ) No \$ 0.00

Total Actual \$ 6.81

Balance Due: City Employee X \$ 6.81

**Travel**

Authorization \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

**Reimbursement**

Authorization Linda Busby 05-16-03 D. Young 51903  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance.  
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Other Notations	

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_

Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_



**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Bonnie Crouthamel Account Code: 01-3545-5501  
Dates of Travel: 15-May-03 Destination: Blacksburg, VA  
Purpose: Basic Skywarn Class

	<b>COST</b>	
	<b>Estimated</b>	<b>Actual</b>
Tuition and Registration	\$ _____	\$ _____
Lodging	_____	_____
Airfare	_____	_____
Personal Vehicle @ 32.5 cents per mile		
Estimated                      Actual	_____ 0.00	_____ 0.00
Transportation Costs (Taxi, etc.)	_____	_____
Meals and Tips	_____	_____ 6.00
Other	_____	_____
	_____	_____
	_____	_____
Total Estimated Amount	\$ _____ 0.00	
Advance Needed ( )Yes ( )No	\$ _____ 0.00	
Total Actual		\$ _____ 6.00
Balance Due:            City            Employee            X		\$ _____ 6.00

**Travel**

Authorization \_\_\_\_\_  
Employee Signature                      Date                      Department Director/City Manager                      Date

Reimbursement Authorization Bonnie Crouthamel 5/16/03 J. Young 5/19/03  
Employee Signature                      Date                      Department Director/City Manager                      Date

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Other Notations

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_  
Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Darlene Foster Account Code: 01-3545-5501  
Dates of Travel: 15-May-03 Destination: Blacksburg, VA  
Purpose: Basic Skywarn Class

	<b>COST</b>	
	<b>Estimated</b>	<b>Actual</b>
Tuition and Registration	\$	\$
Lodging		
Airfare		
Personal Vehicle @ 32.5 cents per mile		
Estimated                  Actual	0.00	0.00
Transportation Costs (Taxi, etc.)		
Meals and Tips		7.53
Other		

Total Estimated Amount \$ 0.00  
Advance Needed ( ) Yes ( ) No \$ 0.00  
Total Actual \$ 7.53  
Balance Due: City Employee X \$ 7.53

Travel  
Authorization \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement  
Authorization Darlene Foster 5-16-03 D. Young 5-19-03  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

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Other Notations

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_  
Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Leon Jones Account Code: 01-3545-5501  
Dates of Travel: 15-May-03 Destination: Blacksburg, VA  
Purpose: Basic Skywarn Class

	<b>COST</b>	
	<b>Estimated</b>	<b>Actual</b>
Tuition and Registration	\$ _____	\$ _____
Lodging	_____	_____
Airfare	_____	_____
Personal Vehicle @ 32.5 cents per mile	_____	_____
Estimated _____ Actual _____	0.00	0.00
Transportation Costs (Taxi, etc.)	_____	_____
Meals and Tips	_____	8.13
Other	_____	_____
	_____	_____
	_____	_____
Total Estimated Amount	\$ 0.00	
Advance Needed ( ) Yes ( ) No \$	0.00	

Total Actual \$ 8.13  
Balance Due: City Employee X \$ 8.13

**Travel**

Authorization

Reimbursement

Authorization

Employee Signature

Date

Department Director/City Manager

Date

Employee Signature

Date

Department Director/City Manager

Date

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance.  
Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Other Notations

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_

Advance Check No. \_\_\_\_\_

Date: \_\_\_\_\_

Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Cynthia McCullough Account Code: 01-3545-5501  
Dates of Travel: 15-May-03 Destination: Blacksburg, VA  
Purpose: Basic Skywarn Class

	<b>COST</b>	
	<b>Estimated</b>	<b>Actual</b>
Tuition and Registration	\$ _____	\$ _____
Lodging	_____	_____
Airfare	_____	_____
Personal Vehicle @ 32.5 cents per mile	_____	_____
Estimated _____ Actual _____	0.00	0.00
Transportation Costs (Taxi, etc.)	_____	_____
Meals and Tips	_____	6.17
Other	_____	_____
	_____	_____
	_____	_____
Total Estimated Amount	\$ 0.00	
Advance Needed ( ) Yes ( ) No	\$ 0.00	
Total Actual		\$ 6.17
Balance Due:      City              Employee <u>X</u>		\$ 6.17

**Travel**

Authorization

Reimbursement  
Authorization

Employee Signature

Date

Department Director/City Manager

Date

Employee Signature

Date

Department Director/City Manager

Date

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance.  
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Other Notations

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_

Advance Check No. \_\_\_\_\_

Date: \_\_\_\_\_

Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Lisa Richardson Account Code: 01-3545-5501  
Dates of Travel: 15-May-03 Destination: Blacksburg, VA  
Purpose: Basic Skywarn Class

	<b>COST</b>	
	<b>Estimated</b>	<b>Actual</b>
Tuition and Registration	\$ _____	\$ _____
Lodging	_____	_____
Airfare	_____	_____
Personal Vehicle @ 32.5 cents per mile		
Estimated _____ Actual _____	0.00	0.00
Transportation Costs (Taxi, etc.)	_____	_____
Meals and Tips	_____	6.17
Other _____	_____	_____
_____	_____	_____
_____	_____	_____

Total Estimated Amount \$ 0.00  
Advance Needed ( )Yes )No \$ 0.00

Total Actual \$ 6.17

Balance Due: City Employee X \$ 6.17

**Travel**

Authorization \_\_\_\_\_

Employee Signature

Date

Department Director/City Manager

Date

Reimbursement

Authorization \_\_\_\_\_

Employee Signature

Date

Department Director/City Manager

Date

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Other Notations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_

Advance Check No. \_\_\_\_\_

Date: \_\_\_\_\_

Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Jamie Doss Account Code: 01-3545-5501  
Dates of Travel: March 12-13, 2003 Destination: Martinsville, VA  
Purpose: VCIN / NCIC / In Service Training

	COST	
	Estimated	Actual
Tuition and Registration	\$	\$
Lodging		
Airfare		
Personal Vehicle @ 32.5 cents per mile		
Estimated Actual 147	0.00	47.78
Transportation Costs (Taxi, etc.)		
Meals and Tips		14.08
Other		

Total Estimated Amount \$ 0.00  
Advance Needed ( ) Yes ( ) No \$ 0.00

Total Actual \$ 61.86

Balance Due: City Employee X \$ 61.86

**Travel**

Authorization \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

**Reimbursement**

Authorization Jamie A. Doss 3-19-03 D. Young 3-25-03  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance.  
Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Other Notations

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_  
Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Teresa Plummer Account Code: 01-3545-5501  
Dates of Travel: March 12-13, 2003 Destination: Martinsville, VA  
Purpose: VCIN / NCIC / In service Training

	<b>COST</b>	
	<b>Estimated</b>	<b>Actual</b>
Tuition and Registration	\$ _____	\$ _____
Lodging	_____	_____
Airfare	_____	_____
Personal Vehicle @ 32.5 cents per mile		
Estimated _____ Actual _____	0.00	0.00
Transportation Costs (Taxi, etc.)	_____	_____
Meals and Tips	_____	22.53
Other _____	_____	_____
_____	_____	_____

Total Estimated Amount \$ 0.00  
Advance Needed ( ) Yes ( ) No \$ 0.00

Total Actual \$ 22.53

Balance Due: City Employee X \$ 22.53

**Travel**

Authorization \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

**Reimbursement**

Authorization Teresa Plummer 3-1503 T. Young 3-25-03  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance.  
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Other Notations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_  
Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_



**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Lisa Richardson Account Code: 01-3545-5501  
Dates of Travel: March 12-13, 2003 Destination: Martinsville, VA  
Purpose: VCIN / NCIC / In service Training

		COST	
		Estimated	Actual
Tuition and Registration	\$		\$
Lodging			
Airfare			
Personal Vehicle @ 32.5 cents per mile			
Estimated	Actual	0.00	48.43
149			
Transportation Costs (Taxi, etc.)			
Meals and Tips			17.86
Other			

Total Estimated Amount \$ 0.00

Advance Needed ( ) Yes ( ) No \$ 0.00

Total Actual \$ 66.29

Balance Due: City Employee X \$ 66.29

**Travel**

Authorization \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement Authorization Lisa Richardson 3/14/03 DR Young 3-25-03  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

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Other Notations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_

Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_



**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Tamara Gordon Account Code: 01-3545-5501  
Dates of Travel: March 12-13, 2003 Destination: Martinsville, VA  
Purpose: VCIN / NCIC / In Service Training

		<b>COST</b>	
		<b>Estimated</b>	<b>Actual</b>
Tuition and Registration		\$ _____	\$ _____
Lodging		_____	_____
Airfare		_____	_____
Personal Vehicle @ 32.5 cents per mile			
Estimated _____	Actual <u>146</u>	<u>0.00</u>	<u>47.45</u>
Transportation Costs (Taxi, etc.)		_____	_____
Meals and Tips		_____	<u>17.34</u>
Other	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Total Estimated Amount \$ 0.00

Advance Needed ( ) Yes ( ) No \$ 0.00

Total Actual \$ 64.79

Balance Due: City Employee X \$ 64.79

Travel  
Authorization D  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement  
Authorization X Tamara R. Gordon 3-14-03 [Signature] 3-14-03  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

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Other Notations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_

Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Katie Alcorn Account Code: 01-3545-5501

Dates of Travel: Jan 20-21, 2003 Destination: Martinsville, VA

Purpose: VCIN Training

		<b>COST</b>	
		<b>Estimated</b>	<b>Actual</b>
Tuition and Registration		\$	\$
Lodging			
Airfare			
Personal Vehicle @ 32.5 cents per mile			
Estimated	Actual	0.00	48.10
148			
Transportation Costs (Taxi, etc.)			
Meals and Tips			19.48
Other			

Total Estimated Amount \$ 0.00

Advance Needed ( ) Yes ) No \$ 0.00

Total Actual \$ 67.58

Balance Due: City Employee X \$ 67.58

**Travel**

Authorization

Employee Signature

Date

Department Director/City Manager

Date

Reimbursement

Authorization

Employee Signature

Date

Department Director/City Manager

Date

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Other Notations

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_

Advance Check No. \_\_\_\_\_

Date: \_\_\_\_\_

Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Susan Rowland Account Code: 01-3545-5501  
Dates of Travel: 12-Feb-03 Destination: Greensboro, NC  
Purpose: Psychological Testing for Employment

		<b>COST</b>	
		<b>Estimated</b>	<b>Actual</b>
Tuition and Registration	\$		\$
Lodging			
Airfare			
Personal Vehicle @ 32.5 cents per mile			
Estimated			
Actual	<u>115</u>	<u>0.00</u>	<u>37.38</u>
Transportation Costs (Taxi, etc.)			
Meals and Tips			
Other			
Total Estimated Amount	\$	<u>0.00</u>	
Advance Needed ( ) Yes ( ) No	\$	<u>0.00</u>	
Total Actual			\$ <u>37.38</u>
Balance Due:	City	Employee <u>X</u>	\$ <u>37.38</u>

Travel  
Authorization \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement  
Authorization Susan P. Rowland 2-19-03 22003  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

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Other Notations
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**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_  
Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Bessie Bowman Account Code: 01-3545-5501  
Dates of Travel: 3-Dec-02 Destination: Greensboro, NC  
Purpose: Psychological Testing

	<u><b>COST</b></u>	
	<u><b>Estimated</b></u>	<u><b>Actual</b></u>
Tuition and Registration	\$ _____	\$ _____
Lodging	_____	_____
Airfare	_____	_____
Personal Vehicle @ 32.5 cents per mile		
Estimated _____ Actual <u>115.4</u>	<u>0.00</u>	<u>37.51</u>
Transportation Costs (Taxi, etc.)	_____	_____
Meals and Tips	_____	_____
Other	_____	_____
	_____	_____
	_____	_____

Total Estimated Amount \$ 0.00  
Advance Needed ( ) Yes ( ) No \$ 0.00  
  
Total Actual \$ 37.51  
  
Balance Due: City Employee X \$ 37.51

Travel  
Authorization \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_  
  
Reimbursement  
Authorization B Bowman 12/5/02  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

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Other Notations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_  
Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Pierotti Travis Account Code: 01-3545-5501  
 Dates of Travel: Nov. 13-14, 2002 Destination: Martinsville, VA  
 Purpose: CISM Class

	<b>COST</b>	
	<b>Estimated</b>	<b>Actual</b>
Tuition and Registration	\$ _____	\$ _____
Lodging	_____	_____
Airfare	_____	_____
Personal Vehicle @ 32.5 cents per mile	_____	_____
Estimated _____ Actual _____	0.00	0.00
Transportation Costs (Taxi, etc.)	_____	_____
Meals and Tips	_____	13.21
Other _____	_____	_____
_____	_____	_____
_____	_____	_____

Total Estimated Amount \$ 0.00

Advance Needed ( ) Yes ) No \$ 0.00

Total Actual \$ 13.21

Balance Due: City Employee X \$ 13.21

**Travel**

Authorization \_\_\_\_\_  
 Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

**Reimbursement**

Authorization Pierotti Travis D. Young 11/15/02  
 Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance. .  
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 all expenses except for Auto mileage and small items where receipts are not available.

Other Notations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_

Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Lisa Richardson Account Code: 01-3545-5501  
Dates of Travel: 9/11/02 Destination: Martinsville, VA  
Purpose: General Instructor Recertification

	<u><b>Estimated</b></u>	<u><b>Actual</b></u>
Tuition and Registration	\$ _____	\$ _____
Lodging	_____	_____
Airfare	_____	_____
Personal Vehicle @ 32.5 cents per mile		
Estimated _____ Actual <u>69</u>	0.00	22.43
Transportation Costs (Taxi, etc.)	_____	_____
Meals and Tips	_____	_____
Other _____	_____	_____
_____	_____	_____
_____	_____	_____
Total Estimated Amount	\$ 0.00	
Advance Needed ( ) Yes ( ) No \$ 0.00		
Total Actual		\$ 22.43
Balance Due: City Employee <u>X</u>		\$ 22.43

**Travel**

Authorization

Reimbursement

Authorization

<u>Lisa Richardson</u> Employee Signature	<u>9/13/02</u> Date	<u>D. Young</u> Department Director/City Manager	<u>9/13/02</u> Date
--	------------------------	---	------------------------

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Other Notations

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_

Advance Check No. \_\_\_\_\_

Date: \_\_\_\_\_

Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Christopher L. Goss Account Code: 01-3545-5501  
Dates of Travel: June 2-6, 2002 Destination: Orlando, FLA  
Purpose: H.T.E. User Group Conference

	COST	
	Estimated	Actual
Tuition and Registration	\$	\$
Lodging		
Airfare		
Personal Vehicle @ 32.5 cents per mile		
Estimated Actual	0.00	0.00
Transportation Costs (Taxi, etc.)		
Meals and Tips		116.36
Other		

Total Estimated Amount \$ 0.00  
Advance Needed ( ) Yes ( ) No \$ 0.00  
Total Actual \$ 116.36  
Balance Due: City Employee X \$ 116.36

**Travel**

Authorization \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_  
Reimbursement \_\_\_\_\_  
Authorization \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

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Other Notations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_  
Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_



**Syndistar, Inc.**  
 5801 River Road  
 New Orleans, Louisiana 70123-5106  
 (504) 733-9887 voice (504) /33-2232 fax  
 www.syndistar.com

**Order:** 47517  
**Customer No:** DES009

**Ship To:**  
 Doug Young  
 City of Danville Dept. of Emergency  
 PO Box 3300  
 427 Patton Street  
 Danville, VA 24543

**Bill To:**  
 City of Danville Dept. of Emergency  
 PO Box 3300  
 Danville, VA 24543

Date	Ship Via		F.O.B.		Terms		
06/10/03	UPS		Origin		Net 30 Days		
Purchase Order Number			Order Date	Salesperson	Our Order Number		
Verbal			06/10/03	SK			
Quantity			Item Number	Description	Tax	Unit Price	Amount
Required	Ship	B.O.					
50			FP81V	Emer-Gen-Cy Call 9-1-1 Video	N	145.00	145.00
1			PB-FP81	Emer-Gen-Cy Call 9-1-1 Act Bk	N	0.45	0.00
50			FP92V	Help Call 9-1-1 Vidco	N	145.00	145.00
1			PB-FP92	Help Call 9-1-1 Activity Books	N	0.45	0.00
5			PS21V	Bioterrorism: Facing The Threat	N	195.00	195.00
1			PB-PS21	Chemical & Biological Terrorism h/o	N	0.18	0.00
50			PS22V	Coping With Terrorism	N	195.00	195.00
1			PB-PS22	A Terrorist Threat Pamphlet	N	0.18	0.00
500			DISCOUNT	4 Video Package is \$595	N	-85.00	-85.00
1			PB-FP109-PER	9-1-1 Emergency Help...PERS	N	0.22	110.00
			SHIP	Shipping, Handling and Insurance	N	32.00	32.00

Thank you for choosing Syndistar!

**Bill To:**  
 Organization: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Credit Card:**  
☐ Amex ☐ Visa  
☐ MC ☐ Disc  
 No: \_\_\_\_\_  
 Exp: \_\_\_\_\_

Subtotal	737.00
Tax	* 0.00
<b>Total Order</b>	<b>737.00</b>



**Biddle Consulting Group, Inc.**

2868 Prospect Park Dr., #110

Rancho Cordova, CA 95670

Phone: (916) 563-6219

Toll Free: (800) 999-0438

**Invoice**

DATE

INVOICE #

11/29/2002

20031

**BILL TO**

Doug Young

Director

Danville EMS

297 Bridge Street

Danville, VA 24541-1201

**SHIP TO**

Doug Young

Director

Danville EMS

297 Bridge Street

Danville, VA 24541-1201

P.O. NUMBER	TERMS	REP	SHIP DATE	SHIP VIA	FORMAT
	60 days	WT	12/2/2002	FedEx	
QUANTITY	ITEM CODE	DESCRIPTION		PRICE EACH	AMOUNT
1	CCW-70	Criti-Call Single-User Software System v.3.0.1 with one year of CritiCall Elite included.		2,995.00	2,995.00
1	CCM-70	CritiCall Elite includes one year unlimited toll-free phone support and free, automatic upgrades for one year.		0.00	
1	OS-70	Shipping & Handling		20.00	
		No Sales Tax		0.00%	

ES  
2574  
123302  
01 3545 5303

Please make checks payable to Biddle Consulting Group, Inc.

TAX I.D. # 68-0465690

Subtotal

\$3,015.00

**Total****\$3,015.00**

A service fee of one and one-half percent (1-1/2%) per month (eighteen percent [18%] per year) will be charged on all unpaid balances in excess of 30 days from the shipping date on this invoice.

A restock fee of 20% will be required on all returns after 30 days

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Douglas R. Young Account Code: 01- 5501  
Dates of Travel: Oct. 3, 2002 Destination: Charlottesville, VA  
Purpose: VENA Meeting

		<b>COST</b>	
	<b>Estimated</b>	<b>Actual</b>	
Tuition and Registration	\$		\$
Lodging			65.70
Airfare			
Personal Vehicle @ 32.5 cents per mile			
Estimated _____ Actual _____	0.00		0.00
Transportation Costs (Taxi, etc.)			
Meals and Tips			
Other _____			

Total Estimated Amount \$ 0.00

Advance Needed ( ) Yes ( ) No \$ 0.00

Total Actual \$ 65.70

Balance Due: City Employee X \$ 65.70

**Travel**

Authorization \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

**Reimbursement**

Authorization *D. Young* 100902  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

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Other Notations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_

Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Douglas R. Young Account Code: 01- 5205  
 Dates of Travel: Oct.1-3, 2002 Destination: Roanoke, VA  
 Purpose: APCO Conference

		<b>COST</b>	
	<b>Estimated</b>	<b>Actual</b>	
Tuition and Registration	\$		\$
Lodging			140.16
Airfare			
Personal Vehicle @ 32.5 cents per mile			
Estimated _____ Actual _____	0.00		0.00
Transportation Costs (Taxi,etc.)			
Meals and Tips			8.32
Other _____			
_____			
_____			

Total Estimated Amount \$ 0.00  
 Advance Needed ( )Yes )No \$ 0.00

Total Actual \$ 148.48  
 Balance Due: City Employee X \$ 148.48

Travel  
 Authorization \_\_\_\_\_  
 Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement  
 Authorization *D. Young* 100902  
 Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

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Other Notations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_  
 Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_

Employee Name:	<u>Douglas R. Young</u>	Account Code:	<u>01- 5501</u>
Dates of Travel:	<u>June 17-20, 2002</u>	Destination:	<u>Indianapolis, IN</u>
Purpose:	<u>2002 NENA Conference</u>		

Total Estimated Amount				\$	<u>0.00</u>
Advance Needed (	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	0.00	
Total Actual				\$	<u>255.50</u>
Balance Due:	City	Employee	<u>X</u>	\$	255.50

Other Notations	My secretary failed to include the airfare with the original report.	

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_

Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_

DANVILLE TRAVEL SERVICE INC  
100 BARTER STREET  
DANVILLE VA 24541

AGENT MH/MH BOOKING REF 9  
YOUNG/DOUGLAS

434-793-9839

DANIEL AS YOUNG  
400 PATTON ST  
DANVILLE VA 24541

DATE: JUN 10 2002

4347996535

SERVICE	DATE	FROM	TO	DEPART	ARRIVE
CONTINENTAL AIRLINES CO 3173 Q	17JUN MON	RALEIGH D NC RALEIGH DURHAM AIRCRAFT: SEAT 11C CONFIRMED FLIGHT OPERATED BY EXPRESSJET AIRLINES IN	INDIAN IN INDIANAPOLIS I EMBRAER RJ135/140/145	535P	838P
CONTINENTAL AIRLINES CO 3299 Q	20JUN THU	INDIAN IN INDIANAPOLIS I AIRCRAFT: SEAT 11C CONFIRMED FLIGHT OPERATED BY EXPRESSJET AIRLINES IN	RALEIGH D NC RALEIGH DURHAM EMBRAER RJ135/140/145	755A	104P

AIR FARE 199.07

TAX 36.43

TOTAL USD

235.50

PROFESSIONAL SERVICES USD

20.00

INVOICE TOTAL USD

255.50

PAYMENT: CREDIT CARD

RESERVATION NUMBER(S) CO/VVL03T

TICKET:

THANK YOU FOR USING DANVILLE TRAVEL\*\*\*MARY HELEN  
NON-REFUNDABLE TICKET/ CHANGE FEE PLUS FARE DIFFERENCE APPLIES  
MUST SHOW PICTURE ID AT AIRPORT  
CHECK IN TWO HOURS PRIOR TO DEPARTURE  
RECONFIRM SCHEDULES WITH US PRIOR TO DEPARTURE

INVOICE NUMBER 0000066002

1/ 1

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Douglas R. Young Account Code: 01-3540-5501  
Dates of Travel: June 17-20, 2002 Destination: Indianapolis, IN  
Purpose: 2002 NENA Conference

		<b>COST</b>	
	<b>Estimated</b>	<b>Actual</b>	
Tuition and Registration	\$	\$	225.00
Lodging			439.56
Airfare			
Personal Vehicle @ 32.5 cents per mile			
Estimated	0.00		0.00
Actual			
Transportation Costs (Taxi, etc.)			40.00
Meals and Tips			
Other			
Parking			

Total Estimated Amount \$ 0.00

Advance Needed ( ) Yes ( ) No \$ 0.00

Total Actual \$ 795.36

Balance Due: City Employee X \$ 795.36

**Travel**

**Authorization**

Employee Signature

Date

Department Director/City Manager

Date

**Reimbursement**

**Authorization**

Employee Signature

Date

Department Director/City Manager

Date

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance.  
Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Other Notations

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_

Advance Check No. \_\_\_\_\_

Date: \_\_\_\_\_

Reimbursement Check No. \_\_\_\_\_

**CITY OF DANVILLE, VIRGINIA**  
**TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT**

Employee Name: Douglas R. Young Account Code: 01-3545-5205 <sup>5501</sup>

Dates of Travel: April 26-May 3, 2003 Destination: Anaheim, CA

Purpose: Wireless / 911 Training

		<b>COST</b>	
		<b>Estimated</b>	<b>Actual</b>
Tuition and Registration	\$		\$
Lodging			629.48
Airfare			
Personal Vehicle @ 32.5 cents per mile			
Estimated	Actual	0.00	91.00
280			
Transportation Costs (Taxi, etc.)			
Meals and Tips			78.95
Other	Parking		
Total Estimated Amount	\$	0.00	
Advance Needed ( ) Yes ( ) No	\$	0.00	

Total Actual \$ 1,118.43

Balance Due: City Employee X \$ 1,118.43

**Travel**

Authorization \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

**Reimbursement**

Authorization Douglas R. Young 5-5-03  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Director/City Manager \_\_\_\_\_ Date \_\_\_\_\_

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance.  
Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Other Notations	

**FINANCE DEPARTMENT USE**

Date: \_\_\_\_\_ Advance Check No. \_\_\_\_\_

Date: \_\_\_\_\_ Reimbursement Check No. \_\_\_\_\_

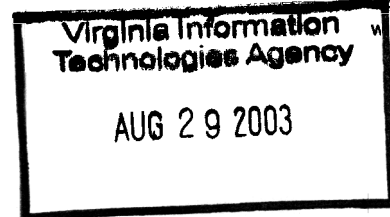


*CITY OF DANVILLE, VIRGINIA*  
*Department of Emergency Services*

Douglas R. Young, CEM  
Director

Christopher L. Goss  
Assistant Director

P. O. Box 3300  
Danville, Virginia 24543  
434-799-6535 Office  
434-797-8938 Fax  
[www.ci.danville.va.us](http://www.ci.danville.va.us)



August 27, 2003

Mr. N. Jerry Simonoff  
Chairman, Wireless E-911 Service Board  
Richmond Plaza Building Suite 135  
110 South Seventh Street  
Richmond, VA 23219-3912

Dear Mr. Simonoff:

Please find enclosed the documents for the Virginia Wireless E911 Services Board for Fiscal Year Ending June 30, 2003. The amount approved for the City of Danville was \$72,684.93. As you can see, there is a difference of \$38,471.02.

If you should have any questions, please feel free to contact me at (434) 799-6535.

Sincerely,

Douglas R. Young, CEM/Director  
DEPARTMENT OF EMERGENCY SERVICES

/wpe

Enclosure